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SECRETARY OF STATE TALLAHASSEFLELORIDA

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COVER LETTER

Scott Nold SUBJECT:	PLLC		
30baec1	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Scott Nold		
		Name of Person	
	TNG Realty LLC		
		Firm/Company	
	210 Van Gogh Cove		
		Address	
	Bradenton, FL 34212		
		City/State and Zip Code	· <u> </u>
	Scott@SoldByNold.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Scott Nold		941 773-9599 at ()	
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S		Street Address:	ction
Division of C		Registration Sec Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCOR NOIG PLIA.	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000027443</u>	pany were filed on 2/27/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
TNG Realty LLC	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST_BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	Florida Street address Florida Street address Florida Street address Florida Street address
	City Ge
New Registered Agent's Signature, if changing Registered Age	ent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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f an et Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	November I 2022
Dated	
	Signature of a member or authorized representative of a member
	Signature of member or authorized representative of a member Scott Nold