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(Req	uestor's Name)	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Cor	porations				
TLT REPA	AIRS LLC	· · · · · · · · · · · · · · · · · · ·			
30bJEC1:	Name of Limi	ited Liability Company			
			-		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	ANTHONY TRIPI				
		Name of Person			
		Firm/Company			
	Address				
	ST AUGUSTINE, FL 3208				
	tltripi@gmail.com	City/State and Zip Code	SECRETARY OF STA	٦	
	E-mail address: (t	to be used for future annual report notificatio	UL -8 A ETARY OF HASSEE. F	_	
For further information co	oncerning this matter, please ca	ıll:	E O D	٢	
ANTHONY TRIPI		904 806-9027 at ()	FLOR	-	
Name of	Person	Area Code Daytime Tele	phone Numbe		
Enclosed is a check for th	ne 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 (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLT REPAIRS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/16/2013 and assigned
Florida document number L13000008112	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
THE REPURPOSE SHOP LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5788 A1A S
(Principal office address MUST BE A STREET ADDRESS)	ST AUGUSTINE, FL 32080
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	SECRETARY OF STATE of the name
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
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	ord specifies a dela 90th day after the			ot an effective	e time, at 12	!:01 a.m	. on th	ne earlier o
ted	July 6		2015	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00