N13000017882

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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12/22/22--01009--007 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The onelosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
	Jay B. Moore		
		Name of Person	
	Tuff-Products LLC		
		Firm/Company	
	4514 Hudson Lane		
		Address	•••
	Tampa, Florida 33618		
		City/State and Zip Code	
	jbmmmgap@verizon.net	to be used for future annual report not	ification)
For further information c	oncerning this matter, please of		:
Jay B. Moore	, , , , , , , , , , , , , , , , , , ,	813 785-9246	
	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$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 Addres Registration 5	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tuff-Products LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
lorida document number L13000017882	·	
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		!~\)
Principal office address MUST BE A STREET ADL	DRESS)	
		;) ;)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register gent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	C 14,1	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgmi	Pamela A. Aldrich Trustee	2473 Southeast Delano road, Port St. Lucie, FL 3495.	<u>2</u> □ Add
			_ ■Remove
			_ □Change
			🗆 Add
			□Remove
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			□ Change

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	11/10/2022
ective date,	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
effective 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 605.0
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ctive date on the Department of State's records.
ument 3 erre	the due of the Department of State Steeding.
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
	nber 2022
19 Decen	
ed	
ed	- Claration no
ed	Signature of a member or authorized representative of a member
ed	Signature of a member or authorized representative of a member

Filing Fee: \$25.00