L17000177562

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J. Shivers NOV 2 6 2014

COVER LETTER

TO: Registration Se Division of Cor	ction	A S B A T	
TK Trasr	nmissions South, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	endence concerning this matter to	o the following:	
	Humberto J. Moreno,	, J.D.	
		Name of Person	
	Moreno & Associates	3	
		Firm/Company	
	3600 Red Road, Ste	301	
		Address	
	Miramar, FL 33025		
		City/State and Zip Code	
	accountingbwtba@gm		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information c	oncerning this matter, please cal	11:	
Humberto J. Morer		954 603-8978	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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: 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

TK Transmissions South, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000173562</u>	pany were filed on 12-17-2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ier the name of the nev
Name of New Registered Agent:		TAL SI
New Registered Office Address:		ARE NO.
	Enter Florida street address	NSSE 17
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	SIA 9-
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my duties, and I d nt as provided for in Chapter 605, F.S.	mfamiliar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Adrian Kozlovski	8009 NW 64th Street	Add
		Miami, FL 33166	☐ Remove
			Add,
			□ Remove
			_ □ Add
			□ Remove
			Add
			Remove
			TCC HANS SELECTION OF THE PARTY
			SE Add Park Park Park Park Park Park Park Park
			Add
			Remove

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effective date must be specific	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific e date this document is filed by	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific to date this document is filed by	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffective date, if other than the effective date must be specific the date this document is filed by the date of th	cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

SECRETARY OF STAIL