L14000072461

(Requestor's Name)	_
(Address)	_
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2024 MAR 14 PM 3: 01 SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor				
	TK422 Des	igns LLC			
SUBJEC	CT:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please re	tum all correspo	ndence concerning this matter	to the following:		
		Jonathan Faulkner			2 1
			Name of Person		DZY.T
		TK422 Designs LLC			iAR LLL
			Firm/Company		AR -
		25430 NW 8th Lane Suite	124		2024 HAR I H PH SECRETARY OF TALLAHASSE
			Address		EST 3:0
		Newberry, FL 32669			
			City/State and Zip Code		
		accounts@tk422designs.co		of and an	
For furth	ner information c	e-mail address: (to be used for future annual report not all:	incarony	
Jonatha	n Faulkner		352 262-7252		
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed	d is a check for th	ne following amount:			
≘ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	rporations		
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TK422 Designs LLC		
(Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on our reconited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Complorida document number L14000072461	pany were filed on 05/05/2014	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRES.		2024 HAR SEGRE TALL
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, FILE
If amending the registered agent and/or registered of tent and/or the new registered office address here:	Tice address on our records, ent	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Herbert A Ingley IV	811 SW 96th Street	□ Add
		Gainesville, FL 32607	=Remove
			Change
			SI CRETICE CRETOVENE
			RY OF STATE
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			□(*hamaa

Page 2 of 3

If amending any other informat	wii, einer Change(s) nere. (//ha			
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		_		
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	date of filing: t be specific and cannot be prior to date ouck does not meet the applicable starpartment of State's records.	tutory filing requirements, this	filing.) Pursuant to 605	5.0207 (ed as t
the record specifies a delayed) The 90th day after the rec		ffective time, at 12:01 a	.m. on the earli	er of:
Dated February 14	, 2024			
			<u>_</u>	
	Signature of a member or authorized re	presentative of a member		
Jonathan R Faulkner	Typed or printed name		<u></u>	

Page 3 of 3

Filing Fee: \$25.00