# L14000 109622

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	_ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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SEGRETARY OF STATE
TALLAHASSEE FLORIDS

J. Shivers OCT 31 2014

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TP Rerospace Technics 120  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TACK TORIE!
TP DEPOSORCE TECHNICS LLC  MICHIGANIAN  4549 West Rusell Rd, Sees T
4549 WEST ROSELLAS, SENTE J Address
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TACK TONIE 1/; at (702) 768-0906  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of St

#### 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

The Articles of Organization for this Limited Liability Company were filed on	I
· ·	
A. If amending name, enter the new name of the limited liability company here:	
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	15
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  245 Veyas, NY 89	- } - 228
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>ie new</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address  Enter Florida street address	rest
, Florida	74
City 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	R = Manager  BR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	JACK TORIELLI	1341 PINE AV ORLANDO, FL 328	Add	
		ORLANDO, FL 328	Remove	
	<del></del>		Add	
			Remove	
			□ Remove	
			14 OCT 30 A SEARCH AND A	
			FOR STANDARD	
			□ Remove	
			□ Add	
			Remove	

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	,
•	
•	
•	
(The eff	cetive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
Dated	13/27/3gy 4
	17-20-18-15
	Signature of a member or authorized representative of a member
	CP/CA
	Ayped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT 30 AM 9: 19
SECRETARY OF STARE
TALLAHASSEE FURRIR