L15000072601

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (100.000) |
| (City (Charles Tiles (Dharres 40) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | por ations | | |
|-------------------------------|----------------------------------|--|---|
| | | | |
| SUBJECT: TNT Imagi | ng LLC Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | Paul Tardalo | Name of Person | |
| | Re∠Con Plus LLC | | |
| | | Firm/Company | |
| | 11050 Wiles Road Ste 101 | Address | |
| | | Auwess | |
| | Coral Springs, FL 33076 | City/State and Zip Code | |
| | medconplus@gmail.com | o be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | | |
| Paul Tardalo | | at (954) 4 <u>14-3325</u> | |
| | f Person | at (954) 444-3325 Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| S25.00 Filing Fee | _ | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration 5 | | Registration Se Division of Co | |
| Division of C P.O. Box 632 | | The Centre of | |
| | | | |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TNT Imaging LLC (Name of the Limited) | Liability Compan | ny as it now appears on our reco liability Company) | rds.) | |
|--|--|--|--------------------------------------|--------------------------------|
| The Articles of Organization for this Limited Lia | bility Company | were filed on <u>04/24/2015</u> | a | nd assigned |
| Florida document number <u>L15000072601</u> | · | | | |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of | he limited liabi | ility company here: | | |
| RezCon Plus LLC | | i. G | I C' or the abbreria | tion "L. I. C." |
| The new name must be distinguishable and contain the wo | rds "Limited Liabil | ity Company, the designation L | LC of the applexia | non E.E.C. |
| Enter new principal offices address, if applica | ble: | 11050 Wiles Road Ste 101 | - | |
| (Principal office address MUST BE A STREET | '.4DDRESS) | Coral Springs, FL 33076 | <u> </u> | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | 11050 Wiles Road Ste 101 | | |
| (Mailing address MAY BE A POST OFFICE B | (ON) | Coral Springs, FL 33076 | | |
| | | | | |
| B. If amending the registered agent and/or re | vistered office : | address on our records, ent | ter the name of t | t <u>he new registerec</u> |
| agent and/or the new registered office address | here: | | | |
| | | | | |
| Name of New Registered Agent: | | | <u></u> | |
| New Registered Office Address: | 11050 Wiles R | oad Ste 101 | | · |
| New Registered Office Address. | | Enter Florida street add | tress | |
| | Coral Springs | | Florida 33076 | |
| | | City: | | p Code |
| New Registered Agent's Signature, if changing R | egistered Agent: | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r | r and complete tered agent as p egistered office | e performance of my duties provided for in Chapter 60 | , and Lam Jamu 95, F.S. Or, if th | iar with ana is document is |

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 |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| | Amending name of corporation to properly reflect the nature of the business that |
|-------|---|
| | |
| | will be conducted by the entity. |
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| ect | ive date, if other than the date of filing: |
| | SUP COLUMN TO HOUSE THE COLUMN TO CHARLES AND ARREST AND A COLUMN |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | of the Department of State's records. |
| or | specifies a delayed effective data, but not on afficially the |
| s fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| | |
| ed . | June 30 . 2021 |
| | |
| | - Furleheld- |
| | Signature of a member or authorized representative of a member |
| | , |
| | Paul Tardalo |

Filing Fee: \$25.00