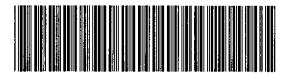
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

K.SALY EXAMINER AUG 19 2015

COVER LETTER:

Division of Corp			
SUBJECT:	TNI	T TNAMS PUT	LLC
SCHOLECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	/	Velson Alvana Name of Person	do
		Name of Person	
	TN	T Mansput	LLC_
		Firm/Company	
	10	824 Kiricwall	PATDR
	ω	City/State and Zip Code City/State and Zip Co	33598
		City/State and Zip Code	
	F-mail address (to	AMI & JAHUT	o. com
For further information of	oncerning this matter, please cal		
	•		
\mathcal{L}	elson Alvando	at (<u>8/3</u>) 8. Area Code Daytin	57- 2481
Name of	? Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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	2015 Alic L
(Name of the Limited	TNJ TNAMS PO Liability Company as it now appear Florida Limited Liability Company)	2015 AUG 17 PM 2:5 ONT LL CFALL RETARY OF STATE 8-7-2015 and assigned
The Articles of Organization for this Limited Liab Florida document number		8-7-2015 and assigned and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of t	ne limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ele:	esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
	Cin.	, Florida Zip Code
	Citv	LID COUR

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.

City

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>Name</u> Title **Address Type of Action** TANIAL Alvarado 10824 KIRIKWALL PAT DR DAD WIMAUMA, 7C 33598 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add ☐ Remove _□ Change _□ Add ☐ Remove

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The 90t	specifies a c h day after t	he record is	filed				e, at 12:0	1 a.m. (on the ea	arlier of:
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Page 3 of 3

Filing Fee: \$25.00