

L15000162772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

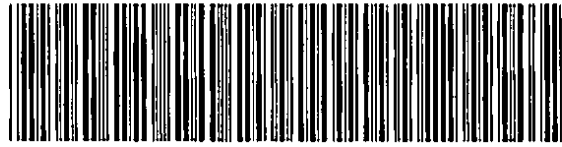
(Business Entity Name)

(Document Number)

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FILED  
17 DEC 18 AM 11:45  
TALLAHASSEE, FLORIDA

O SIMMONS  
DEC 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2017

KARINA RODRIGUEZ  
6145 OLYMPIC CT  
ORLANDO, FL 32808

SUBJECT: TNT TAX & FINANCIAL SERVICES, LLC  
Ref. Number: L15000162772

We have received your document for TNT TAX & FINANCIAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 617A00024263

2017 DEC 13 AM 11:27

TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TNT TAX & Financial Services LLC  
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:

Karina Rodriguez  
Name of Person

\_\_\_\_\_  
Firm/Company

6145 Olympic Ct  
Address

Orlando, FL 32808  
City/State and Zip Code

Krodriquez@interpresstaxsvc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karina Rodriguez at ( 407 ) 252-4095  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

TNT TAX & Financial Services

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
17 DEC 18 PM 11:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/24/2015 and assigned to

Florida document number LI5000162772

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

1507 Park Center Dr

Unit 1N

Orlando, FL 32835

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1507 Park Center Dr

Unit 1N

Orlando, FL 32835

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Marina Rodriguez

New Registered Office Address:

6145 Olympic Ct

Enter Florida street address

Orlando

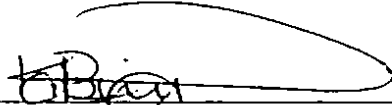
City

Florida 32808

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



ALL  
17 DEC 1971  
SECURITY  
INFORMATION  
OFFICE  
FLORIDA

FILED  
17 DEC 18 AM 11:45  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

Oct 12, 2017

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 12, 2017

Signature of a

Signature of a member or authorized representative of a member

Karina Rodriguez

Typed or printed name of signee