## 15000175844

| (Re                     | questor's Name)   | *************************************** |
|-------------------------|-------------------|---|
| (Ad                     | dress)            |   |
| (Ad                     | dress)            |   |
| (Cit                    | y/State/Zip/Phone | e #)                                    |
| PICK-UP                 | ☐ WAIT            | MAIL                                    |
| (Bu                     | siness Entity Nar | ne)                                     |
| (Do                     | ocument Number)   |   |
| Certified Copies        | _ Certificates    | s of Status                             |
| Special Instructions to | Filing Officer:   |   |
|                         |                   |   |
|                         |                   |   |
|                         |                   |   |
|                         |                   |   |



200278879992

11/09/15--01027--021 \*\*25.00

FILED

2015 NOV -9 PM 3: 24

SECRETARY OF STATE

Office Use Only

K.SALY EXAMMER NOV 12 2015

## **COVER LETTER**

| Div            | ision of Corpo   | rations                                      |   |   |  |  |  |
|----------------|------------------|--|---|---|--|--|--|
| SUBJECT:       | Tibal Fleet, L   |  |   |   |  |  |  |
|                |                  |  | ted Liability Company   | <del></del>   |  |  |  |
|                |                  |  |   |   |  |  |  |
| The enclosed   | i Articles of An | nendment and fee(s) are subr                 | nitted for filing.  |   |  |  |  |
| Please return  | all correspond   | ence concerning this matter t                | o the following:  |   |  |  |  |
|                |                  | Varalakshmi Suresh                           |   |   |  |  |  |
|                |                  |  | Name of Person  |   |  |  |  |
|                |                  |  |   |   |  |  |  |
| Firm/Company   |                  |  |   |   |  |  |  |
|                |                  | 260 Village Green Avenue                     |   |   |  |  |  |
|                |                  |  | Address   |   |  |  |  |
|                |                  | St. Johns, FL 32259                          |   |   |  |  |  |
|                |                  |  | City/State and Zip Code   |   |  |  |  |
|                |                  | varasuresh@gmail.com                         |   |   |  |  |  |
|                |                  | E-mail address: (to                          | o be used for future annual report notifica                         | ation)  |  |  |  |
| For further in | nformation con   | cerning this matter, please ca               | 11;   |   |  |  |  |
| Varalakshm     | i Suresh         |  | 339 222-9284  |   |  |  |  |
| Name of Person |                  |  | elephone Number   |   |  |  |  |
|                |                  |  |   |   |  |  |  |
| Enclosed is a  | check for the    | following amount:                            |   |   |  |  |  |
| ■ \$25.00 F    | iling Fee        | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |

MAILING ADDRESS:

TO:

**Registration Section** 

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

PILED 2015 NOV-9 PM 3: 24 TALLAHASSEE, FLORIDA

Tibal Fleet, LLC

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

| The Articles of Organization for this Limited Liability Company  | were filed on October 15, 2015   | and assigned                            |  |  |  |
|--|--|---|--|--|--|
| Florida document number ±1500017584  | 14   |   |  |  |  |
| This amendment is submitted to amend the following:  |  |   |  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |   |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the a                               | bbreviation "L.L.C."                    |  |  |  |
| Enter new principal offices address, if applicable:  | 2032 Carnes Street   |   |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Orange Park, FL 32073  |   |  |  |  |
| Enter new mailing address, if applicable:  | 2032 Carnes Street   |   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Orange Park, FL 32073  |   |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:   |  | the name of the new                     |  |  |  |
| New Registered Office Address:   | Enter Florida street address   |   |  |  |  |
|  |  |   |  |  |  |
|  | City   | Zip Code                                |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |   |  |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am<br>provided for in Chapter 605, F.S. Or | familiar with and , if this 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> | Name     | Address                  | Type of Action                                      |  |  |
|--------------|----------|--------------------------|---|--|--|
| AMBR         | Varacorp | 260 Village Green Avenue | □ Add   |  |  |
|              |          | St. Johns, FL 32259      | ■ Remove  |  |  |
|              |          |                          | □ Change  |  |  |
|              |          |                          | □ Add   |  |  |
|              |          |                          | □ Remove  |  |  |
|              |          |                          | Change  |  |  |
|              |          |                          | Add Remove  |  |  |
|              |          |                          | Change TALL Add Add  Change TALL Add  Add  Add  Add |  |  |
|              |          |                          | □ Remove  |  |  |
|              |          |                          | ☐ Change  |  |  |
|              | -        |                          | □ Add   |  |  |
|              |          | <del></del>              | Remove  |  |  |
|              |          |                          | ☐ Change  |  |  |
|              |          |                          | □ Add   |  |  |
|              |          |                          | □ Remove  |  |  |
|              |          |                          | Change  |  |  |

|                  | <u>,                                    </u>                                      |                               |                  |              |                                   |  |   |  |                         |
|------------------|---|-------------------------------|------------------|--------------|-----------------------------------|--|---|--|-------------------------|
| •                |   |                               |                  |              |                                   | ,  |   |  |                         |
|                  | <del></del> -   | <del></del>                   |                  |              |                                   | <del>-</del>                                 |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   | _                             |                  | <del></del>  |                                   |  | <del></del>                                   |  |                         |
|                  |   | _                             |                  |              |                                   |  |   |  | 2                       |
|                  |   |                               |                  |              |                                   |  |   | 724 5                                    | 5 "                     |
|                  | <del></del>   |                               |                  |              |                                   |  |   | 20                                       | 3                       |
|                  |   |                               |                  |              |                                   |  |   | 3.5                                      | عد                      |
|                  |   |                               |                  |              |                                   |  |   |  | PY                      |
| -                |   |                               |                  |              |                                   |  | <del></del>                                   | 700                                      | PH 3: 23                |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   | 1  | in Con                  |
|                  |   |                               |                  |              | <del></del>                       | <u> </u>                                     | <del></del>                                   |  | <del>'</del>            |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  | <del></del>             |
|                  |   |                               |                  |              |                                   | <u>.                                    </u> |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  |   |  |                         |
|                  |   |                               |                  |              |                                   |  | <del></del>                                   |  | _                       |
| <u>ote:</u> If t | date, if other than the date is listed, the date in this is effective date on the | block does n                  | ot meet the      | e applicable | te of filing or<br>statutory fili | more than 90 ing requirem                    | (optiona<br>days after filir<br>ents, this da | l)<br>ng.) Pursuant to<br>te will not be | 605.0207<br>listed as t |
| recor<br>The 90  | d specifies a delay<br>oth day after the r  | ved effectiv<br>ecord is file | e date, l<br>ed. | out not ar   | effective                         | time, at 1                                   | .2:01 a.m                                     | . on the ea                              | rlier of:               |
|                  | No. 6   |                               | _, _2            | 015          |                                   |  |   |  |                         |
| ited             |   |                               |                  |              |                                   |  |   |  |                         |
| ated             |   | Van                           | Rure             | on outhoris- | l manuacanta?                     | ve of a membe                                |   |  | _                       |

Page 3 of 3

Filing Fee: \$25.00