

L16 0000 97820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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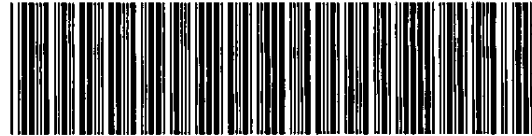
(Business Entity Name)

(Document Number)

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2016 JUL -5 AM 8:00
TALLAHASSEE, FLORIDA

07/06/16--01007--014 **25.00

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TALLAHASSEE, FLORIDA
16 JUL -5 PM 4:57

JUL 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TN2 Energy 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:

Tyde Bonaparte
Name of Person

TN2 Energy
Firm/Company

2700 E Grand Reserve Cir Apt 150
Address

Clearwater FL 33759
City/State and Zip Code

Tic9ceo@icloud.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Zachary Baker at (727) 252-8965
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

TNZ Energy

(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 5/16/2016 and assigned
Florida document number L16000097820.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2700 E Grand Reserve Cir
Apt 1037
Clearwater FL 33759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 E Grand Reserve
Cir Apt 1037
Clearwater FL 33759

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City ,

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

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

Title	Name	Address	Type of Action
AMBR	Tyde Bonaparte	2700 E Grand	<input checked="" type="checkbox"/> Add
		Reserve Cir #1037	<input type="checkbox"/> Remove
		Clearwater FL 33759	<input type="checkbox"/> Change
AMBR	Zachary Baker	2700 E Grand Reserve	<input checked="" type="checkbox"/> Add
		Cir #1037/clearwater FL 33759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 JUL 57
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TALAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 JUL -5

U.S. DEPT. OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 6/30/2016, _____

Signature of a member or authorized representative of a member

✓ Tyde Bonaparte
Typed or printed name of signee

Typed or printed name of signee