

L16000170106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

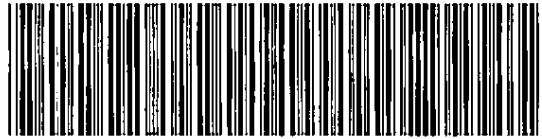
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400320496824

11/07/18--01009--012 ++25.00

RECEIVED
TAS/MASS/REG-RI/01009

2018 NOV -7 AM 10:55

FILED

Y SULKER
NOV 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNG Pro 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:

Angelica Kraus
Name of Person

TNG Pro LLC
Firm/Company

75 NE 44TH ST., SUITE 5
Address

Oakland Park, FL 33334
City/State and Zip Code

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

For further information concerning this matter, please call:

Angelica Kraus at (954) 934-8040
Name of Person Area Code Daytime Telephone Number

2018 NOV - 7 AM 10:55
CLERK OF STATE
TALLAHASSEE, FL 32301

FILED

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

TNG Pro, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 2018 NOV - 7 AM 10:55
 CLERK OF STATE
 TREASURY OF STATE
 1000 BANKERS BUILDING
 INDIANAPOLIS, IN 46204

FILED
2018 NOV -7 AM 10:55
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
18-cv-00001-UNA
USDC SDNY

(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 005.0207 (3)(b)

Filing Fee: \$25.00