

L160000 226 684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

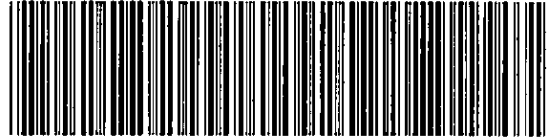
(Business Entity Name)

(Document Number)

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R. WHITE
FEB 12 2020

2020 FEB 16 PM 1:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TNT TPA LASH 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:

JEREL TOMASELLO

Name of Person

TNT TPA LASH LLC

Firm/Company

405 S DALE MABRY HIGHWAY, SUITE 359

Address

TAMPA, FL 33609

City/State and Zip Code

JERELTOMASELLO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREL TOMASELLO

813 523-0610

at (_____) _____

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**

2025.11.16 PM 1:50

TNT TPA LASH 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 DECEMBER 15, 2016 and assigned
Florida document number L16000226684.

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:

405 S DALE MABRY HIGHWAY, SUITE 359

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33609

Enter new mailing address, if applicable:

405 S DALE MABRY HIGHWAY, SUITE 359

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33609

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:

405 S DALE MABRY HIGHWAY, SUITE 359

Enter Florida street address

TAMPA

Florida 33609

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TNT CONSULTING GROUP LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		405 S Dale Mabry Hwy, Ste 359 Tampa, FL 33609	<input checked="" type="checkbox"/> Change
MGR	YORKCOMPANY LLC	*	<input checked="" type="checkbox"/> Add
		*	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

DocuSigned by.

-6B84BC5E780A4DF...

Typed or printed name of signee