## L1700024782

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(B	Business Entity Nar	me)
(C	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	> Filing Officer:	





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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: TNG MA	echanical	LLC	
		ited Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
-	Thiago G	Name of Person	·
	3	Name of Person	
<u>.</u>	TNG Mec	hanical LLC	
		Firm/Company	
	3350 Ulm	nerton Rd, Unitz	
<u></u>		Address	<del></del>
(	learwater	FL 33702 City/State and Zip Code	
			<del></del>
	thiagonia	Onotmail. Com to be used for future annual report notification	nn)
For further information concerning			,
<b>T</b> : 0	-		5.0
MICHO GUEC	les	at ( <u>786)</u> <u>929 - 25</u> Area Code Daytime Tele	phone Number
Name of retson		Area Code Daytime Tele	pnone ivumber
Enclosed is a check for the followi	ng amount:		
1	0.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	ertificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			207
			2024 JUL 1 SECRETA TALLAF
Mailing Address: Registration Section		Street Address: Registration Section	

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNG Mechan	nical LLC
( <u>Name of the Limited Liabir</u> (A Florid	lity Company as it now appears on our records.) Ja Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L1700002H787</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registere	- · · · ·
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or it this accument is red office address. I hereby confirm that the limited liability for the confirmation of
	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>	Address	Type of Action
AMBR	Paulo Guedes	3350 ulmerton Rd, unit 2	_ XAdd
		Clearwater FL 33762	_ □Remove
			_ 🗆 Change
			_ □Add
			_ 🛘 Remove
		<del></del>	_ □Change
			_ □Add
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f an effective date is I Note: If the date in	other than the dat listed, the date must be nserted in this block we date on the Depar	specific and cannot l does not meet the	applicable statuto	ng or more than 90 day ry filing requirement	(optional) s after filing.) s, this date	) Pursua will not	nt to 605 t be liste	.0207 ed as
accument a criccii	dalarad affirming da	ite, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The	SE 900 0 - 200 0 - 200 0	2021 after	r the
record specifies a	delayed effective da				-	ح∵ٍ مبد		*****
record specifies a d is filed.		. 20	024			ART OF ST	10 AM 8:	
	y 2nd	nature of a member	or authorized represe	entative of a member	, , , , , , , , , , , , , , , , , , ,	ART OF STATE	10 AM 8: 25	

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