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(Requestor's Name)	
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J. HARRIS

COVER LETTER

			COVERTINA	
	egistration Se ivision of Cor			
		PANIES LLC		
SUBJECT	:	\	of Limited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s)	are submitted for filing.	
Please (etu)	m all correspo	ndence concerning this	matter to the following:	
		ROSS G LAVIN		
			Name of Person	
LAW OFFICE OF		LAW OFFICE OF	I ROSS G LAVIN PA I	
			Firm Company	
		1481 S. MILITAR	TRAIL NO. 9	
			Address	
		WEST PALM BEA	 CH, FL 33415 	
		rl@rosslavinlaw.com	City State and Zip Code	
		E-mail ac	dress; (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, p	 ease call: 	
Ross Lavin			561 641-5440	
Name of Person		Person		Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00	Filing Fee	S30,00 Filing Fee Certificate of St		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy cadditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314		ation Section n of Corporations px 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n utions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNS

	TNC COMPANIES LLC	
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limned Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on 2727/17	and assigned
Florida document number L17000045606	·	
 This amendment is submitted to amend the fo 	llowing:	
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 "LI C" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:	
 Principal office address MUST <u>BE A</u> STR <u>P</u>		eni eni
Transparopre address in CST PR. 13 PK.	3:	· · · · · ·
	·	O me
		<u> </u>
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE	E BOX)	·
	• • · · · · · · · · · · · · · · · · · ·	<u>. </u>
	ملا	i ,u
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our records. <u>enter</u> office add <u>ress here</u> :	the name of the nev
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:	
provisions of all statutes relative to the pro- accept the obligations of my position as rep	red agent and agree to act in this capacity. I firther agree and complete performance of my duties, and I am firstered agent as provided for in Chapter 605, F.S. Or, registered office address. I hereby contirm that the ling change.	amiliar with and it this document is
	If Changing Registered Agent, Signature of New Re	gistered Agent

GR = - M 1BR = A	lanager uthorized Member		
<u>tle</u>	Name	<u>Address</u>	Type of Action
GR	LATOSHA HAMMOND	13902 N DALE MABRY HWY	
		TAMPA FL 33618	■ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
		Add	
			S Comange
		ω j" □ Add :::	

D. If amending any other information, enter	r change(s) here: Attach additional sheets, if ne	cessary.)
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		-
E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific <u>Note:</u> If the date inserted in this block does not document's effective date on the Department of the	and cannot be prior to date of filmg or more than 90 days art of meet the applicable statutory filing requirements, the	tional) er filing.) Pursuant to 605.0207 (3)(b ils date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	e date, but not an effective time, at 12:01 d.	a.m. on the earlier of:
Dated SEPTEMBER 5	2017	
		A Can
Signature	a member or authorized representative of a member	ZHR SER
ROS	S G. LAVIN, ATTORNEY AT LAW	-
	Typed or printed name of signee	ω ;
		PH 3: 0
	Page 3 of 3	
	Filing Fee: \$25.00	