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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 30 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NTM TOOLS 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:

TOM McLann  
Name of Person

NTM TOOLS LLC  
Firm/Company

7701 46<sup>th</sup> St. N.  
Address

Pine Lakes Park, FL 33781  
City/State and Zip Code

Thomas.McLann@shapon.com and tmccanjr@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom McLann at ( 352 ) 266-1799  
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

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TALLAHASSEE, FLORIDA

NTM TOOLS LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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	Thomas H McCann	7701 46 <sup>th</sup> St. N Pinellas Park, FL 33781	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal black lines across its width. The lines are thin and uniform, providing a guide for writing. There is no handwriting, printed text, or other markings on the page.

**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 March 23 2017,

Thomas McCann

Signature of a member or authorized representative of a member

Thomas McCann

Typed or printed name of signee

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