## 11700052009

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D. SCOTT MAR 3 0 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:N	TM TOOL	SILC	<b>★</b> •
	. Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		•	
	Tom.	McCann	
		Name of Person	
<i>.</i>	NT	M Tools LLC	
		Firm/Company	
	7701 4	4th St. N. Address	
		Address	
	Pivelles	Pack FL 337; City/State and Zip Code	81
,		·	
	Thomas M	Cann @ Snapon. com	and tmccanied yahoo.com
For further information co	oncerning this matter, please co		,
Torraction in ormation co	meering in muser, preuse e		
	Me Cam	at (352) 266-	Telephone Number
Name of	Person	Area Code Daytime	Telephone Number
			· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the			TSE ST
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & . Certified Copy (additional copy is enclosed)	Certificate of: Status 35 Certified Copy 22 (additional copy) s. enclosed)
Registra Division P.O. Bo		STREET/COURIE Registration Section Division of Corpora Clifton Building	n ations
Tallaha	ssee, FL 32314	2661 Executive Cer Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTM TOOLS  (Name of the Limited Liability Compar (A Florida Limited L	LLC y as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Liability Company  Florida document number <u>L 17600052009</u> .	•		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
			····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter</u>	the name of the n
			WLL SECT
Name of New Registered Agent:			
New Registered Office Address:			SSE 27
	Enter Florida stree	t address	
	City	, Florida	♀;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
New Registered Agent's Signature, if changing Registered Agent:	·*		35

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

**Type of Action** Title Name **Address** MGR Thomas H McCann 7701 46th St. N Pivellas Part, Fl 3378 X Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove \_□ Add ☐ Remove ☐ Change

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Effective da	te, if other than the data	e of filing:		(option	al)
Note: If the	date inserted in this block of	does not meet the app	licable statutory filir	iore than 90 days after filling requirements, this d	ate_will not-be listed
document's e	ffective date on the Depart	tment of State's recor	ds.		CRET ST
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tne record s )    The 90th	specifies a delayed effection day after the record	ective date, but is filed.	not an effective	time, at 12:01 a.r	n. on the earlier
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Dated	March 23 2				OF STATE
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<del></del>	Sign	Nowas // (L.	thorized representative	of a member	

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Filing Fee: \$25.00