

L17000152965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

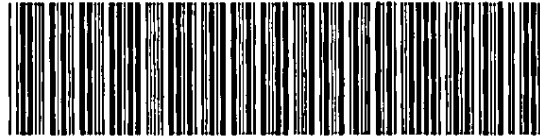
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUL 28 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T.N.T Collision Auto Body LLC #1  
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:

Edward Arnold

Name of Person

T.N.T Collision Auto Body LLC Bay 1

Firm/Company

1241 N Dixie Hwy # Bay 1

Address

Pompano Beach FL 33060

City/State and Zip/Code

djeaz4517@gmail.com

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

For further information concerning this matter, please call:

Mr. Edward Arnold

Name of Person

at (954) 274-2830

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

T-N-T Collision Auto Body LLC # Bay 1  
(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 July 18, 2017 and assigned  
Florida document number L17000152965

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:

(Principal office address MUST BE A STREET ADDRESS)

1241 N Dixie Hwy # Bay 1  
Pompano Beach FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1241 N. Dixie Hwy # Bay 2  
Pompano Beach FL 33060

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:

Edward Arnold

New Registered Office Address:

1241 N. Dixie Hwy Bay # 1  
Pompano Beach FL 33060  
Enter Florida street address

Pompano Beach, Florida 33060  
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.

My Edward Arnold  
If Changing Registered Agent, Signature of New Registered Agent

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STATE  
FLORIDA

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

Title	Name	Address	Type of Action
MGR	Brandon LEE	5550 N.W. 44 <sup>th</sup> Street	<input type="checkbox"/> Add
		#103B Tamarae #1339	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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