## L18000046995

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·





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04/03/18--01020--004 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

RUSH

·TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

RUSH

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, March 29, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of Organization For TNT ENTERPRISE CLEANING, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Amendment

We have included one original.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of the Articles to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502

## **COVER LETTER**

Division of Corpo			
SUBJECT: INTENTER	RPRISE CLEANING, LLC Name of Lim	Cited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Theresa Severe		
		Name of Person	
	TNT ENTERPRISE C	LEANING, LLC	
		Firm/Company	
,	,	Address	
		City/State and Zip Code	······································
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Processing Departmen	nt	at (800 ) 638-2320	
Name of F	Person		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:

TO:

**Registration Section** 

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

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000046995</u>	were filed on 02/21/2018	and assigned
riorida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	691 Forest Shore Dr	
(Principal office address MUST BE A STREET ADDRESS)	Miramar Beach, FL 32550	2818
		> <b>7</b>
		APR -3
Enter new mailing address, if applicable:	691 Forest Shore Dr	SET W
(Mailing address MAY BE A POST OFFICE BOX)	Miramar Beach, FL 32550	元· 五
		94 10
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> <u>e</u> :	nter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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.

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
			Add
			☐ Remove
		-	☐ Change
<del></del> .			Add
,			□ Remove
		,	☐ Change
			Add
	,	<del>- 10 - 111 </del>	Remove
			□ Change
			Add
		The state of the s	☐ Remove
		THE COURT SERVICE AND ADDRESS OF	□ Change
			Remove
			Change
			Remove
			☐ Change

Theresa Severe	Typed or printed name of signee		
Therapa Sen	ature of a member or authorized representative	of a member	
March 29	. 2018		
90th day after the record	ective date, but not an effective ti is filed.	me, at 12:01 a.m. on the ear	lier
ective date is listed, the date must be s If the date inserted in this block of ent's effective date on the Depart	pecific and cannot be prior to date of filing or mo loes not meet the applicable statutory filing ment of State's records.	re than 90 days after filing.) Pursuant to 6 requirements, this date will not be li	05.0 sted
ve date, if other than the dat	e of filing:	(optional)	_
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Filing Fee: \$25.00