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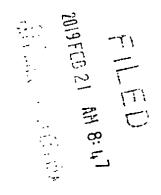
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	T-NT Automotives	LLC	
SOBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Tyrone Bost	
		Name of Person	<del></del>
		Tenacity Trash LLC	
		Firm/Company	<del></del>
	,	6999-2 Merrill Rd Suite 142	
	<del> </del>	Address	
	Jack	ssonville, Florida 32277	
	Tyron	City/State and Zip Code ebost@hotmail.com	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Tyrone	Bost	917 293-67	84
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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** 

TO:

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**

	Т	O		
ART	<b>TCLES OF C</b>	ORGANIZATIO	ON	9/2 //
	C	F	4	
	тыта	utomotives LLC		100 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
(Name of the Lim		<del></del>	our records.)	
	(A Florida Limited	any as it now appears of Liability Company)	,	19 19 19 19 19 19 19 19 19 19 19 19 19 1
The Articles of Organization for this Limited I		were filed on	04/19/2018	and assigned
Florida document numberL18000099	<u></u> .			
This amendment is submitted to amend the fol	lowing:			
	-			
A. If amending name, enter the new name	of the limited liab	oility company here:		
Tenacity Trash LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6999-2 Merrill Rd		
Enter new principal offices address, if app (Principal office address MUST BE A STRI		Suite 142		
		Jacksonville, FL 32	277	
		6999-2 Merrill Rd		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				,
		Suite 142	<del></del>	<del>1 </del>
		Jacksonville, FL 32	277 <del></del>	
B. If amending the registered agent and registered agent and/or the new registered of	-		ır records, <u>e</u>	nter the name of the ne
Name of New Registered Agent:				
New Registered Office Address:	6999-2 Merrill	Rd, Suite 142		
New Registered Office Address:  6999-2 Merrin Rd, Suite 142  Enter Florida:	street address	··· ··· ··· ·· · · · · · · · · · · · ·		
	Jacksonville		. Florid	Ja <u>32277</u>
	<del></del>	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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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			Change

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D6641	2/19/19
lf an effecti <b>Note:</b> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of oth day after the record is filed.
Dated	February 19th 2019
<del></del>	0 2
	Signature of a growth or outh orient and appropriately of a signature
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00