

L18000157996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

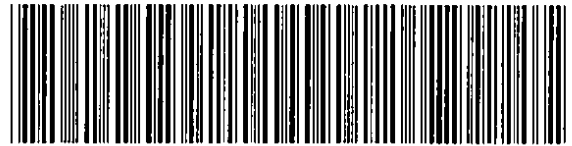
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/23--01014--004 **25.00

2023 JUN 16 PM 1:30
FILING OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TNLG 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:

W Scott Seagrave
Name of Person
The Seagrave Law Office, PLLC
Firm/Company
100 Cessna Blvd, Ste 1A
Address
Port Orange, FL 32128
City/State and Zip Code
connie.nemetzroofing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W Scott Seagrave at (386) 478-7202
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 JUN 16 PM 1:30

TNLG LLC

(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 06/27/2018 and assigned Florida document number L18000157996.

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 "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 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:

Theodore J Nemetz, Jr

New Registered Office Address:

215 Cessna Blvd

Enter Florida street address

Port Orange

City

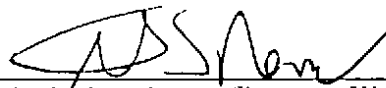
Florida

32128

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Theodore J Nemetz, Jr	215 Cessna Blvd	<input type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Linda Graffeo	215 Cessna Blvd	<input type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Constance Sayman	215 Cessna Blvd	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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