

LI900000 2878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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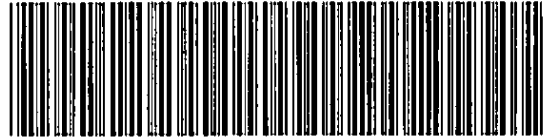
(Business Entity Name)

(Document Number)

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10/25/2019
10:46:00 AM
RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TTK, 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:

KALIOPI CHRISOVERGIS
~~Tom Chrisovergis~~
Name of Person

TTK, LLC
Firm/Company

3570 SO. NOVA Road
Address

POrt orange, FL 32129
City/State and Zip Code

Kallychrisovergis@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaliopei Chrisovergis at (386) 515-9017
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

10:16 AM 10/16/11

RECEIVED
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TTK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

60325
MAY 10 2018
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/31/18 and assigned
Florida document number L19000002878

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME

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)

3510 SO. NOVA ROAD
PORT ORANGE, FL. 32129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3510 SO. NOVA ROAD
PORT ORANGE, FL. 32129

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:

Kaliopi
Kathy Chrisovergis

New Registered Office Address:

3510 SO. NOVA ROAD

Enter Florida street address

PORT ORANGE, Florida FL. 32129

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.

x K.C.

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.	Thomas Russell	3510 So. Nova Road	<input type="checkbox"/> Add
		Port orange, FL 32129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	Tom Christoveris	3510 So. Nova Road	<input type="checkbox"/> Add
		Port orange, FL 32129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	James PITEMIS	3510 So. Nova Road	<input checked="" type="checkbox"/> Add
		Port orange, FL 3219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

K. Ch
Signature of a member or authorized representative of a member

Filing Fee: \$25.00