

L19000038826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

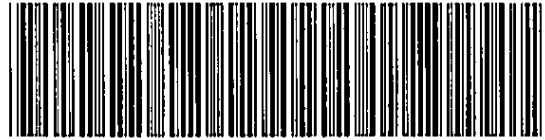
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200343412532

04/22/20--01005--023 **30.00

2020 MAY 04 10:21

T GLASS

MAY 04 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barecase Investments, 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:

William J. Casey

Name of Person

Barecase Investments, LLC

Firm/Company

5901 Silver Oak Drive

Address

Fort Pierce, Florida 34982

City/State and Zip Code

bill@caseyfunding.com

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

For further information concerning this matter, please call:

Tracy Tippet

970 396-5558
at ()

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**

Barecase Investments, 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 02/17/2019 and assigned
Florida document number L19000038826.

This amendment is submitted to amend the following:

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

TNT Funding Associates LLC

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)

483 Tropical Isles Circle

Fort Pierce, Florida 34982

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:

Tracy Tippet

New Registered Office Address:

483 Tropical Isles Circle

Enter Florida street address

Fort Pierce

City

Florida 34982

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>
AMBR	William J. Casey		<input type="checkbox"/> Add
		5901 Silver Oak Drive, Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Beth Blanford Casey		<input type="checkbox"/> Add
		901 Silver Oak Drive, Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dallas Case		<input type="checkbox"/> Add
		2005 Esplanade Avenue E Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Catharine Case		<input type="checkbox"/> Add
		2005 Esplanade Avenue E Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TracyN. Tippet	483 Tropical Isles Circle Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00