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Amend

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I ALBRITTON

COVER LETTER

subject: <u>Fra</u> y	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Frank Jo	seph Thompson	
	Franks	TNT LLC Firm/Company	
	2646 Jun	Address	
	Apopka	FL 32712 City/State and Zip Code	
	TANK85@1 E-mail address: (to	City/State and Zip Code ive. Seminole state be used for future annual report notifica	edu ation)
For further information co	ncerning this matter, please cal	II:	
Frank Jose Name of	eph Thompson	at (<u>561</u>) <u>523 -</u> Area Code Daytime T	276 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 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

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

TITI

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L190001309</u> 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here: nited 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 ADDR	
Enter new mailing address, if applicable:	_N/A
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	rank Joseph Thompson
New Registered Office Address:	Enter Florida street address
	, Florida NA Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TONNIC

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.

Frank Drowyson

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
AMBR	Frank Joseph Thompson	2646 Junior Ave	
		Apopha FL. 32712	□ Remove
			☑ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
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			□ Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
			Remove
			<u>`</u> □ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	we date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 26, 2019
	Signature of a member or authorized representative of a member
	Frank Joseph Thompson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00