## L20000123700

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ——
Special Instructions to Filing Officer:

Office Use Only



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TIGHT TO THE

May 10, 2021

TRAVIS INGRAM 1475 WOODLAKE DR. APT. G207 LAKELAND, FL 33803

SUBJECT: TK SATINS LLC Ref. Number: L20000123700

We have received your document for TK SATINS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 721A00009674

## COVER LETTER

TO: Registration Se Division of Cor		•	
TK SATIN	S LLC	<b>*</b>	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TRAVIS INGRAM		
		Name of Person	<del> </del>
		Firm/Company	
		Address	
	LAKELAND,FL 33803		
	TRAVISINGRAM46@YA	City/State and Zip Code HOO.COM	
	E-mail address: (	to be used for future annual report notificat	on)
For further information of	oncerning this matter, please of	all:	
TRAVIS INGRAM		863 2103569 at ( )	
Name o	1 Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	he following amount:		<u> </u>
□ \$25.00 Filing Fec	■ \$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 Addres Registration S	Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

TK SAFINS LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number L20000123700	pany were filed on MAY 7 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 160 Transport LLC	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the nan</u>	ne of the new registe
Name of New Registered Agent:		727
New Registered Office Address:	Enter Florida street address	
	, Florida	3 :
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	

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 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
			□ Add
			□Remove
			□Change
	<del></del>		□Add
			□ Rепюче
			□Change
			□Remove
			□ Change
			⊐Add
		<del></del>	□Remove
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