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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : {561}694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TNT PROTOOLS AUTHORIZED DIST. FOR MATCO TOOLS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNT PROTOOLS AUTHORIZED DIST. FOR N		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<b>E</b> )
The Articles of Organization for this Limited Liability Com	pany were filed on 02/17/2021	and assigned
Florida document number L21000067665		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
TNT ProTools, 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:		2021 HAR
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		70
		9
		10 <u>2</u>
Enter new mailing address, if applicable:	A	<b>نة.</b> كَانَّةُ الْمُ
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records, <u>enter</u>	the name of the new register
Traine of the Registration and the second		
New Registered Office Address:	Enter Florida street addres	rs
	, FI	orida
	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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Петюче
			Change
<u>.</u>			Change  Add  Remove  Change  Change
			☐Change
			□ Remove
			□ Change
			□Add
			Remove
			Change
		***************************************	□Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)