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2024 LPR 12 PH 3:49

COVER LETTER

TO: Registration Se Division of Cor			•
TK422 Cus	stoms, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jon Faulkner		
		Name of Person	
	TK422 Customs, LLC		
		Firm/Company	
	25430 NW 8th Lane Suite	124	
		Address	
	Newberry, FL 32669		
		City/State and Zip Code	
	accounts@tk422designs.com E-mail address: (m to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co		
Jon Faulkner		352 262-7252	
Name o	f Person		: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	(1) \$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		Street Address:	. :
Registration Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	_

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TK422 Customs, LLC			
(Name of the Lim	ited Liability Company as It now (A Florida Limited Liability Com	sppears on our records.) spany)	
The Articles of Organization for this Limited L. Florida document number <u>L21000278753</u>	iability Company were filed	on 6/15/2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability compa	any here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company	," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
n u v v v v v v v v v v v v v v v v v v			2024 / PR
Enter new mailing address, if applicable:			PR
(Mailing address MAY BE A POST OFFICE	<u></u>		
	 ;		77
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on <u>ess bere</u> :	our records, enter the	name of the new register of
Name of New Registered Agent:	Jonathan Faulkner		
New Registered Office Address:	25430 NW 8th Lane Suite	124 Jer Florida street address	
	Newberry		32669
	City		Zip Code

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

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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

Page 1 of 3

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
AMBR	Michael T. Liuzzo	305 SW 70th Lane	
<u>-</u>	· · · · · · · · · · · · · · · · · · ·	Gainesville, FL 32608	Remove
			☐ Change
			□ Add
			□Remove
			Change
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			Change
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			Remove
			Change
			□Add
	_		□Remove
			Change

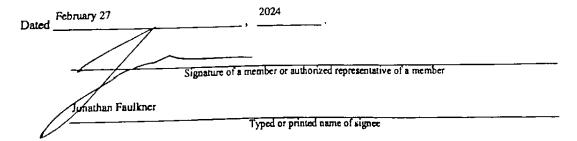


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ending any other information, enter change(s) here: (Attac	
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	-
ctive date, if other than the date of filing:	

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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.



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Filing Fee: \$25.00