

L21 000416938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

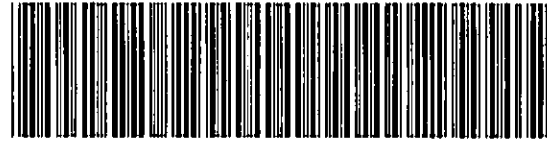
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12/28/21--01021--022 **25.00

2021 DEC 28 PM 5:23
SECRETARY OF STATE
CALIFORNIA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TNT-TOP NOTCH TRANSPORTS 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:

QUENTIN ANDERSON

Name of Person

TNT-TOP NOTCH TRANSPORTATION LLC

Firm/Company

1031 DRACKERT STREET

Address

HAMMOND INDIANA 46320

City/State and Zip Code

TOPNOTCHTRANSPORTS21@GMAIL.COM

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

For further information concerning this matter, please call:

QUENTIN ANDERSON

561

945-6879

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**

FILED

2021 DEC 28 PM 5: 23

TNT-TOP NOTCH TRANSPORTS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/21/2021 and assigned
Florida document number L21000416938

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

ANDERSON, QUENTIN

New Registered Office Address:

112 HAMILTON TER

Enter Florida street address

ROYAL PALM BEACH

City

Florida 33414

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>
MGR	ANDERSON, CHEY	112 HAMILTON TER	<input type="checkbox"/> Add
		ROYAL PALM BEACH FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDERSON, QUENTIN	112 HAMILTON TER	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDERSON, QUENTIN	112 HAMILTON AVE	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE ADD THE EMPLOYER IDENTIFICATION TO THE FILING #87-2730414

PLEASE ADD THE EMPLOYER IDENTIFICATION TO THE FILING #87-2730414

(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.

Dated OCTOBER 10TH 2021

Signature of a member or authorized representative of a member

QUENTIN ANDERSON

Typed or printed name of signee