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DEC 05 2021

## **COVER LETTER**

Division of Corporations			
SUBJECT: TK INSTRUMENT Name of Line	pections LLC nited Liability Company		
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Sho	Name of Person	11	
TKI	Fint/Company		
<u>¥1338</u> 1.	28th PASS. Address		
Live Oa	K F1 320X City/State and Zip Code		
E-mail address: (	to be used for future annual report notificat	mail.com	
For further information concerning this matter, please e	call:		
Shaura Kittrall Name of Person	at (40) SUO Area Code Daytime Te	Soot ::	` · ٦
Enclosed is a check for the following amount:			
525.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Revistration Section	าท	

Registration Section 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

(Name of the Limited I	Liabilly Company as Florida Limited Liabili	it now appears on our	r records.)		
The Articles of Organization for this Limited Liabi	ility Company were	filed on	33/2001	and assigned	
Florida document number <u>L 2 10004</u> (	01209				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ne limited liability	company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Co	ompany," the designati	on "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicabl	le:				<del>_</del>
(Principal office address MUST BE A STREET A	4DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or regingent and/or the new registered office address be	 istered office addr	ess on our records	s, enter the name	of the new regi	  istered
Name of New Registered Agent:				* **	` . ;
					<del></del>
New Registered Office Address:		Enter Florida stre	et address		 
			Elovido		7
-	-	City	1 101101a	Zip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:				•
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete perfored agent as proving stered office add	formance of my dided for in Chapte	ities, and I am fa er 605, F.S. Or, ij	miliar with and f this document	1

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
MBR_	Shauna E Kittrell	14338 128th Pass Live Oalefi	_Xadd
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			□Change
			□Add
			□Remove
			□Change
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in effective date ote: If the dat		must be specific and block does not	nd cannot be prior meet the applic	able statutory t	or more than 90 da filing requiremen			
record specific is filed.	s a delayed effec	tive date, but no	ot an effective t	ime, at 12:01 a	.m. on the earlies	of: (b) The 90	ìth đay after	the
nted	1,-1-	∆2 I		·				

Filing Fee: \$25.00