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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number: I20010000062 : (323)962-8600 : (323)962-3889

Fax Number

\*Enter the email address for this business entity to be used for future

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annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TECHS SELECT TOOLS & EQUIPMENT LLC

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## COVER LETTER

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		MAILE	NG ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHS SELECT TOOLS & EQUIPMENT L					
(Name of the Limited Liability (A Florida	y Company as It now appears on our record Limited Elability Company)	ds.)			
Articles of Organization for this Limited Liability Company were filed on 03/07/2022 and assigned ida document number L22000116492					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
TFG Holdings & Investments LLC					
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		# . <b>2</b> 2			
Principal office address MUST BE A STREET ADDRI	FCC)	IZ2 IIAY			
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Enter new mailing address, if applicable:		11C			
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Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
		<del></del>			
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the n			
New Registered Office Address:					
new registered Office Address.	Enter Florida street addre	xs			
	, F1	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.

MGR = Manager

AMBR = Authorized Member

\_\_ 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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