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COVER LETTER

TO: Registration Section

Division of Cor	porations				
T&N Arme	ned LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Toniann Vassell				
		Name of Person	 		
			20 Si		
		Firm/Company	SECOL AND SECOLAR SECO		
	3540 NW 50th Ave. L113		B 21		
		Address			
Lauderdale Lakes Fl. 33319					
	toniann.vassell@gmail.com	City/State and Zip Code			
		to be used for future annual report noti	fication)		
for further information c	concerning this matter, please ca	all:			
Foniann Vassell		772 2773434 at ()_			
Name o	d'Person	Area Code Daytim	e Telephone Number		
Inclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Torporations	Street Address: Registration Se Division of Cot The Centre of T	porations		
Tallahassee.	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810 . 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&N Armored LLC					
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)		_	
he Articles of Organization for this Limited I lorida document number 1.23000070328	iability Company were filed o	n February 8, 2023	ar	nd assig	med
his amendment is submitted to amend the fol					
. If amending name, enter the new name o	of the limited liability compar	ny here:			
ne new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the	he abbreviati	on "L.1	<u>C."</u>
nter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)		(0)	2	
			<u> </u>	23	# :*
			Ė,	B	•
nter new mailing address, if applicable:			•	21	
1ailing address MAY BE A POST OFFICE		•		PH	\$ 1 ·
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		*	7 :1	27	
. If amending the registered agent and/or	· ·	our records, <u>enter the i</u>	name of th	ne new	register-
<u>gent and/or the new registered office addre</u>	ess here:				
Name of New Registered Agent:					
New Registered Office Address:	6805 W Commercial Blvd, #	1094			
	Ente	er Florida street address			
	Tamarac	Florida	ı <u>33319 </u>		
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Toniann VasseH	6805 W Commercial Blvd, #1094	= Add
		Tamarac, Fl. 33319	□ Remove
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Effective date, if othe fan effective date is listed. Note: If the date inserti	the date must be sp	recific and ca	unot be prior				g.) Pursuan	
document's effective da					mag redancin	enta, ema cu	ic will not	ize nated da
e record specifies a delagrd is filed.	yed effective date	:, but not an	i effective ti	me, at 12:01 i	a.m. on the earli	er of: (b) - ′	The 90th di	ay after the
February 17		· .	2023	·				
Dated								
Dated	1.	Vassi	211		tative of a membe			

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