M18000008157

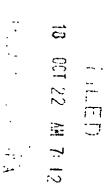
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: TNG OPERATION L		lity Comp	
Dear Sir or Madam:	Emited Liabi	my Comp	any
The enclosed application, certificate and fee(s) are	e submitted fo	or filing.	
Please return all correspondence concerning this r	matter to the f	ollowing:	
MIRTA AZAR			
Name of Person			
Firm/Company			
AOGO N LILLO DO ADTOZ			
4060 N HILLS DR, APT 27 Address	· · · · · · · · · · · · · · · · · · ·		
Address			
HOLLYWOOD, FL 33021			
City/State and Zip Code			
MAZAR1209@GMAIL.COM			
E-mail address: (to be used for future annual re	port notificati	on)	
For further information concerning this matter, pk	ease call:		
MIRTA AZAR	954	239-8	3800
Name of Person	Area Code	' 	2 Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations of 6327 assee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	\$55 Filing Certified		S60 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

 Name of limited liability Company as it appear 	rs on the records of the Florida Department of
State: TNG OPERATION LLC	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3 (CT 22 M)
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u>)	
2. The Florida document number of this limited lia	ability company is: M18000008157
3. Jurisdiction of its organization: OHIO	
4. Date authorized to do business in Florida: AU	JG 28,2018
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company:(mus	st contain "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
-	, Florida
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	egistered Agent: ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this r in the registered office address. I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Nissan Sharvit	Yohanan 3, Beit Hasmonay, IL 9978	900 III Add
			Remov
MGRM	Shachar Kertes	Ha'Rimon 45, Nir Zvi , IL 7290	500 ■ Add
			Remov
MGRM	Gal Kislasi	Rimon 323, Tzur Hadassa , IL 9987	'500 ■ Add
			: Remov
			E - Bad - B
		 	Remove
			Add
			Remov
aforementio	a certificate, if required: no more than some amendment(s), duly authenticated tunder the law of which this entity is or	00 days old, evidencing the by the official having custody of records in the penized.	Add

Filing Fee: \$25.00