# L01000015348

(Requestor's Name	<del>,,</del>
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10 JUL 23 AM 8: 55

SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations	, n		
-SUBJECT:	TLC S	Specialties, LLC.		
<u></u>		imited Liability Company		,
÷ = ; ;				
The enclosed Articles of A	mendment and fee(s) are	submitted for filing.		
Please return all correspon	dence concerning this mat	tter to the following:		
•				
		Ann Saiz		_
		Name of Person		u.
- ·	Towe	er And Land Communic	ations	
		Firm/Company		<b>-</b>
		PO Box 50032		
•		Address	<u> </u>	-
. •				
	Li	ghthouse Point, Fl. 330	74	<b>_</b> .
		City/State and Zip Code		
	annsaizmail@gmail.com  E-mail address: (to be used for future annual report notification)			
			ort notification)	
For further information co	ncerning this matter, please	e call:		
, <u>,</u>	nn Saiz	at ( 914 )	497-7244	
Name of	Person		Daytime Telephone Numb	er
•				
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 isle	ncloséd) - Certifie	iling Fee, ate of Status & ed Copy onal copy is enclosed)
. •				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2010

ANN SAIZ TOWER AND LAND COMMUNICATIONS PO BOX 50032 LIGHTHOUSE POINT, FL 33074

SUBJECT: TLC SPECIALTIES, LLC Ref. Number: L01000015348

We have received your document for TLC SPECIALTIES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 610A00017768

# ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 10 JUL 23 AM 8: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## TLC Specialties, LLC

(Name of the Limited Liability Company as it now appears on our records.

Enter new principal offices address, if ap ( <u>Principal office address MUST BE A ST</u>	-	-	•		
	-				
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	· ·			·	
Enter new mailing address, if applicable		P.O. Box 500	32		
(Malling address MAY BE A POST OFFICE BOX)		<del></del>	Lighthouse Point, Fl. 33074		
	· ·	Eighthodo 1			
		<del></del>			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Nancy Nieto	3821 NE 22nd Way Lighthouse Point El 33064	☐ Add ☑ Remove
<u>VP</u>	Michael Duffy	2521 NW 16th Lane, Suite C Pompano Beach, FI 33064	Add  Z Remove
<u>p</u>	Ann Saiz	PO box 50032 Lighthouse Point, Fl. 33074	✓ Add Remove .
<u>VP</u>	Thomas Hansbury	PO box 50032 Lighthouse Point, FL 33074	Add ☐ Remove
<u>VP</u>	Alan Saiz	PO box 50032- Lighthouse Point, Fl. 33074	Add Remove
<u> </u>			Add
D. If ameno	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	sary.)
	<del>-</del>		JO.JUL SEGRE
			FILED JUL 23 AM RETARY OF AHASSEE, F
Dated	July 19	2010	8: 55 STATE LORIDA
	ANN	ber or authorized representative of a member  A 1 2  med or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00 :