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(Requ	uestor's Name)	
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(Doct	ument Number)	
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C. LEWIS 5 2012
EXAMINER

•		COVER LETTER	Will write the second
TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation)		i vita	+ * * * * * * * * * * * * * * * * * * *
SUBJECT:	TFC Consu	Itina, LLC	
SOBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	 て の	se F. Cancio	
		Name of Person	
	JF	Firm/Company	l C
		• •	
	17599	NW 107th Ave	
		Address	
	Medie	City/State and Zip Code Concrete pumping to be used for future annual report notifications	
	organia a) c	City/State and Zip Code	C
	E-mail address: (to be used for future annual report notifica	tion)
For further information con	ncerning this matter, please o		
Jose C	an ci o	at (3 v 5 9 9 2 - 7	101
Name of I	Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

FILED

	OF		40 00 0	D된 2·21.
TECC	onsulting	110	12 JUL -2	
			SECIAL FART	of Siait
(A	Liability Company as it Florida Limited Liability	Company)	ulout Lecords.	E, PEONUR
The Articles of Organization for this Limited Li Florida document number 0 5 0 0 0 1		iled onI	12/2005	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liability co	mpany here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Lia	bility Company	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if application	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or the new registered of		ldress on our	records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		· <u></u>		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address			
			, Florida	
	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 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 = Manager

MGRM = Managing Member Title Name Address **Type of Action** Suzanna Faze Kas MGRM ∏Add Remove Remove Add Remove □Add ■Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member F. Cancio Typed'or printed name of signee Page 2 of 2

Filing Fee: \$25.00