

209000106238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

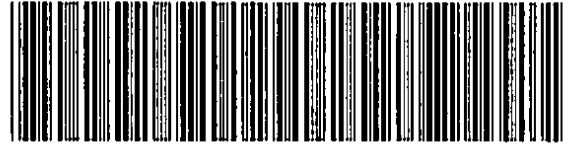
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2021 NOV 18 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TUUCI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACEY CARBI
Name of Person
TUUCI, LLC
Firm/Company
1000 SE 8TH STREET
Address
HIALEAH, FL 33010
City/State and Zip Code
SJAMESON@TUUCI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACEY CARBI at (305) 636-7892

Name of Person	Area Code	Daytime Telephone Number
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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 is enclosed)
 ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

TUUCI LLC

2021 NOV 18 PM 4:43

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/14/2008 and assigned

Florida document number 1.08000106238

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DOUGAN CLARKE

New Registered Office Address: 1000 SE 8TH STREET

Enter Florida street address

HIALEAH

City

Florida 33010

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GC	PARKER, THOMAS	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	MUNROE, CHARLES	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	FRANK TAFF	1000 SE 8TH STREET	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	JOHN FREE	1000 SE 8TH STREET	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 330100	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	DAVID SCHUTTE	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee