

L10000012226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

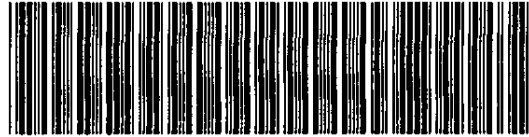
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900186298669

10/11/10--01008--003 **25.00

FILED
10 DEC -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. BRYAN

DEC -2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tamarac Construction, 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:

Annette Mota

Name of Person

API Processing

Firm/Company

3419 Galt ocean Drive Suite A

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

annette@apiprocessing.com

E-mail address: (to be used for future annual report notification)

FILED
10 DEC -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Annette Mota

Name of Person

at (954)

567-0013

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

ANNETTE MOTA
API PROCESSING
3419 GALT OCEAN DRIVE SUITE A
FORT LAUDERDALE, FL 33308

SUBJECT: TAMARAC CONSTRUCTION, LLC
Ref. Number: L10000012226

FILED
10 DEC -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TAMARAC CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #M05000005795, TMC, LLC.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 610A00024087

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

TAMARAC CONSTRUCTION, LLC

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

FILED
10 DEC - 1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2010 and assigned Florida document number L10000012226.

This amendment is submitted to amend the following:

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

TMC EXPRESS SERVICE, LLC

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

Enter new principal offices address, if applicable:

9725 COSTA DEL SOL BLVD.

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

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:

New Registered Office Address:

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
<u>S</u>	<u>Marisela Sanabria</u>	<u>9725 Costa Del Sol Blvd.</u> <u>Doral, FL 33178</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Jose Hernandez</u>	<u>9725 Costa Del Sol Blvd.</u> <u>Doral, FL 33178</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCT 8 2010

Signature of a member or authorized representative of a member

Luis Camacho

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
ALLAHABSEE, FLORIDA

10 DEC - 1 AM 8:16

FILED