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COVER LETTER



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SUBJECT: ATJS CONSULTING and Maiking ament, LLC

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee □ \$30.00 Certif

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$to0.00 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION OF
The Articles of Organization for this Limited Liability Company were filed on May 5, 2011 and assigned
The Articles of Organization for this Limited Liability Company were filed on May 5, 2011 and assigned
This amendment is submitted to amend the following:
A. If amending name, <u>enter the new name of the limited liability company here</u> : <u>TYUE</u> <u>CONCEPT</u> <u>SETVICES</u> <u>LLC</u> The new name must be distinguishable and contain the works "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:
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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. Thereby confirm that the limited liability company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our record.:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
			🖸 Add
			C Remove
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Page 2 of 3.

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Per request to change the name of my business from.
<u>of my business from</u> .
ATJS Consulting and Management, LLC
True Concept Services, LLC.
True Concept Services, LLC 13436 Hatherton Circle
Drlando, Fl 32832
Tlighk You.
Mrs. Ardine Thomas
(239) 404-3281

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.

. 201 Dated _ Ardine Thomas e of a member or authorized representati Vaine Thomas Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00