

L 12 000046391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

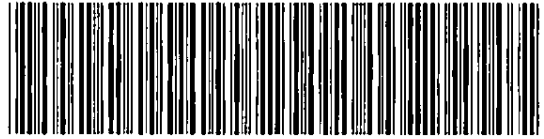
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200446878932

03/19/25--01025--010 *+30.00

FILED

2024 MAR 18 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FL

4/28/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T-SQUARE ESTIMATING AND CONSULTING 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:

OLATUNDE OGUNJULUGBE

Name of Person

SIGNATURE BY TUNDE O

Firm/Company

200 S. ANDREWS AVE STE 504 #1168

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

SIGNHERE@SIGNATUREBYTUNDEO.COM

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

For further information concerning this matter, please call:

OLATUNDE OGUNJULUGBE

786 709-1027
at ()

Name of Person

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 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

T-SQUARE ESTIMATING & CONSULTING LLC

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

2024 MAR 18 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/04/2012

and assigned

Florida document number L12000046391

This amendment is submitted to amend the following:

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

SIGNATURE BY TUNDE O LLC

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:

200 S. ANDREWS AVE SUITE 504 #1168

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

200 S. ANDREWS AVE SUITE 504 #1168

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33301

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 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

[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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 3rd, 2025.

OLATUNDE OGUNJULUGBE

Typed or printed name of signee