

L12000118055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

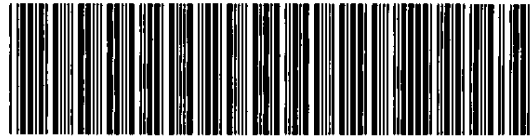
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 30 PM 3:57

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(OCT 31 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2013

ITALI MORGANTI  
8249 NW 36 ST STE 112  
MIAMI, FL 33166

SUBJECT: TOTAL GENERAL SERVICES LLC.  
Ref. Number: L12000118055

We have received your document for TOTAL GENERAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 513A00024519

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOTAL GENERAL SERVICES 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:

**ITALI MORGANTI**

Name of Person

**TOTAL GENERAL SERVICES LLC**

Firm/Company

**8249 NW 36 ST STE 112**

Address

**MIAMI, FLORIDA 33166**

City/State and Zip Code

**MORTEGA@RGLOBALEENTER.COM**

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

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2013 OCT 30 PM 3:57  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

**MARIA ORTEGA**

Name of Person

**305 418 1585**

at ( )

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

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

**TOTAL GENERAL SERVICES LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 09/14/2012 and assigned  
Florida document number L12000118055.

This amendment is submitted to amend the following:

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

N/A

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

N/A

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

N/A

N/A

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CLERK OF CIRCUIT COURT  
CLERMONT COUNTY FLORIDA

**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:**

ITALO MORGANTI

**New Registered Office Address:**

4146 SW 158 AVE

*Enter Florida street address*

MIRAMAR

Florida 33027

*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.*

*Italo Morganti*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEBASTIAN JUANEDA	1010 GOLDEN CANE DR	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	

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PALM BEACH COUNTY  
FLORIDA

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

N/A

Dated 10/29, 2013

*Italo Morganti*

Signature of a member or authorized representative of a member

ITALO MORGANTI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA