

L13000068647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCHS, 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:

JOSE E LOZANO

Name of Person

Firm/Company

8401 W SAMPLE RD UNIT 46

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

OPENBLUE1076@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE E LOZANO

Name of Person

954 817-0454

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**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TCHS, 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 05/09/2013 and assigned Florida document number L13000068647.

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 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)

8401 W SAMPLE RD UNIT 46
CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8401 W SAMPLE RD UNIT 46
CORAL SPRINGS, FL 33065

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:

JOSE E. LOZANO

New Registered Office Address:

8401 W SAMPLE RD UNIT 46

Enter Florida street address

CORAL SPRINGS

City

Florida 33065

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.

no. 7-12-13
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	JOSE E LOZANO	8420 SW 188TH TERR	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
MGRM	JOSE E LOZANO	8401 W SAMPLE RD UNIT 46	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.

Signature of a member or authorized representative of a member 7-12-13
JOSE E. LOZANO
Typed or printed name of signee

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Filing Fee: \$25.00

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