

413000122166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

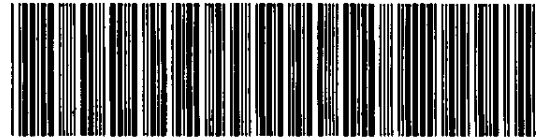
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FEB 06 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 20 AM 5:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

STEPHEN TEAGLE
T&M HOME SERVICES, LLC
18122 CONSTITUTION CIRCLE
FORT MYERS, FL 33967

SUBJECT: T&M HOME SERVICES, LLC.
Ref. Number: L13000122166

We have received your document for T&M HOME 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00001529

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 JAN 20 AM 5:30

COVER LETTER

RECEIVED

2017 FEB -6 PM 1:46

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: T + M HOME SERVICES, LLC
Name of Limited Liability Company

SM

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

Please return all correspondence concerning this matter to the following:

STEPHEN TEAGLE

Name of Person

T + M HOME SERVICES, LLC

Firm/Company

18122 CONSTITUTION CIRCLE

Address

FORT MYERS, FL 33967

City/State and Zip Code

TMHOMESERVICES49@GMAIL.COM

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

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17 JAN 20 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CORY MANGO

Name of Person

at (239) 777-1302

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)

(ALREADY
PAID)

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**

T + M HOME 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 8/28/2013 and assigned Florida document number L13000122166.

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 contain 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)

18122 CONSTITUTION CIRCLE
FORT MYERS, FL 33967

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:

CORY MANBO

New Registered Office Address:

2430 VANDERBIJT BEACH RD. SUITE 108-333

Enter Florida street address

NAPLES

City

Florida 34109

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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAROL MANGO	3715 GUADALUPE COURT	<input type="checkbox"/> Add
		NAPLES, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
17 JAN 20 AM 5:30

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

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TALLAHASSEE, FLORIDA
JAN 20 AM 5:30

E. Effective date, if other than the date of filing: _____ (optional)

(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.

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.

Dated

2/1/, 2017

X

Steph Eagle
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

STEPHEN TEAGLE

Typed or printed name of signee