

L13000125371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

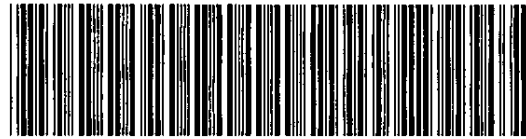
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250666088

09/23/13--01010--007 **25.00

2013 SEP 23 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 24 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Trust Asset Serices 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:

Shane McGarity

Name of Person

Trust Asset Serices LLC

Firm/Company

9403 N. Valle Dr.

Address

Tampa, FL 33612

City/State and Zip Code

advanceddrywall1@gmail.com

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

For further information concerning this matter, please call:

Jim Dyce

Name of Person

at (**407**) **581-6705**

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

RECEIVED
TALLAHASSEE
FLORIDA

2013 SEP 23 AM 9:01

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

Trust Asset Serices 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 9/5/13 and assigned
Florida document number L13000125371.

This amendment is submitted to amend the following:

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

Complete Property Services of Florida LLC

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)

9403 N. Valle Dr.

Tampa, FL 33612

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:

Shane McGarity

New Registered Office Address:

9403 N. Valle Dr.

Enter Florida street address

Tampa

City

Florida 33612

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.

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 SEP 23 11:09 AM
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

Dated September 20, 2013.

Shane McGarity

Signature of a member or authorized representative of a member

Shane McGarity

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 23 AM 9:01
TALLAHASSEE, FLORIDA