

L13000174291

(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:

2/18/21

Office Use Only



400353238454

03/02/21--01032--011 **60.00

FILED

2021 FEB 18 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FL

3/3/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2021

JOEL A. THRELKELD, ESQ.
3003 TAMIMAI TR. N
STE 200
NAPLES, FL 34103

SUBJECT: TYLO SERVICES LLC
Ref. Number: L13000174291

We have received your document for TYLO SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00003024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TYLO 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:

Joel A. Threlkeld, Esq.

Name of Person

Threlkeld Law, P.A.

Firm/Company

3003 Tamiami Tr. N., Ste. 200

Address

Naples, FL 34103

City/State and Zip Code

aj@slab2shingles.com

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

For further information concerning this matter, please call:

Joel Threlkeld at (239) 234 - 5034
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

2021 FEB 18 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FL

TYLO 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 December 12, 2013 and assigned
Florida document number L13000174291.

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	Deerey, AJ	615 Nursery Lane	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deerey, Arthur J.	615 Nursery Lane	<input checked="" type="checkbox"/> Add
		Naples, FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Logan & Tyler Deerey Irrev Trust	615 Nursery Lane	<input checked="" type="checkbox"/> Add
		Naples, FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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)

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.

Typed or printed name of signee

Filing Fee: \$25.00