

L14000174708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

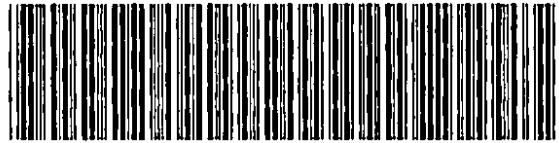
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400326809814

09/29/19--01017--001 **30.00

FILED
2019 APR 18 PM 1:34
CLERK OF COURT
TALLAHASSEE FLORIDA

D. BRUCE
APR 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

TOQUON STARKS
1623 SW CROSSING CIR
PALM CITY, FL 34990

SUBJECT: TOQUON SERVICES "LLC"
Ref. Number: L14000174708

We have received your document for TOQUON SERVICES "LLC" and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 519A00006905

FILED
2019 APR 18 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toquon Services, LLC DBA Wet Out Restoration
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:

Toquon Starks

Name of Person

Wet Out Restoration

Firm/Company

1623 SW Crossing Cir

Address

Palm City, FL 34990

City/State and Zip Code

info@wetoutrestoration.com

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

For further information concerning this matter, please call:

Sabrina Starks

772

281-2488

at ()

Name of Person

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

FILED
2019 APR 18 PM 1:34
TALLAHASSEE, FL

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

Toquon 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 11/10/2014
Florida document number L14000174708

This amendment is submitted to amend the following:

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

Toquon Services, LLC

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)

1532 SE Village Green Dr
Unit I
Port St. Lucie FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1023 SW Crossing Cir
Palm City FL 34990

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:

Sabrina Starks


New Registered Office Address:

1023 SW Crossing Cir
Enter Florida street address

Palm City Florida 34990
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 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



FILED
2019 APR 18 PM 1:34
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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>
MGR	Sabrina Starks	1623 SW Crossing Cir	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Toquon Starks	1623 SW Crossing Cir	<input checked="" type="checkbox"/> Add
		Palm City FL 34990	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 APR 18 PM 1:30
MIRIAM STARKS

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

Add Sabrina Starks as a registered
agent to the account/business
Tugboat Services, LLC

FILED
2019 APR 18 PM 1:34
CLERK OF SUPERIOR COURT
ALABAMA

3/26/2019

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 April 14th, 2019.

Sabrina Starks
Signature of a member or authorized representative of a member

Sabrina Starks
Typed or printed name of signer