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(Re	questor's Name)	
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COVER LETTER

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	otal Service	Solutions of Florida, LLC			
SUBJECT: _		Name of Limi	ted Liability Company		
		1.			
The enclosed A	articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		Jeffrey Arendt			
			Name of Person		-
		Total Service Solutions of	Florida, LLC		
	-				
		300 E. South St #1005			
			Address		-
		Orlando, FL 32801			
		jarendt100@gmail.com	City/State and Zip Code		•
		•	to be used for future annual rep	ort notification)	
For further infe	ormation co	ncerning this matter, please ca	all:		SECTION .F
Jeffrey Arend	t		407 433-7 at ()	029	WIT THE
	Name of	Person	Area Code	Daytime Telephone Number	RANGE STATE
Enclosed is a c	heck for the	e following amount:			- 55 - 55 - 55
■ \$25,00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

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

Total Service Solutions of Florida, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000082141	pany were filed on	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:		TALCO ST
New Registered Office Address:	Enter Florida street address	
	, Flor	ida III P
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	資訊が

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
<u></u>			
			☐ Remove
			Change
			Add
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			- Changa
			Add
			☐ Remove
			□ Changa

Jeffrey Arendt 45%	•				
Teresa Haeuszer 55%					
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record specifies a dine 90th day after the			an effective tin	ne, at 12:01 a.m	. on the earlier
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