

L1600137710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

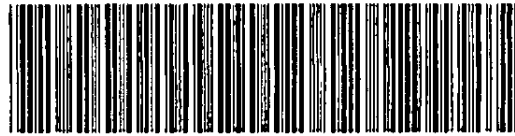
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. SCOTT

MAY 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trudeen Multiservices 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:

Freddie Anderson

Name of Person

Trudeen Multiservices LLC

Firm/Company

1219 North 22nd St

Address

FT Pierce Florida 34950

City/State and Zip Code

trudeenmultiservices@gmail.com

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

For further information concerning this matter, please call:

Freddie Anderson

772

882-2483

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
47 MAY 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Tradeen Multiservices 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 07/22/16 and assigned
Florida document number 116006137710.

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:

1219 North 22nd Street

(Principal office address MUST BE A STREET ADDRESS)

FT Pierce Florida 39450

Enter new mailing address, if applicable:

P.O. BoX 222873

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach Florida 33422

B. If amending the registered agent and/or registered office address on our records, enter name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Freddie Anderson

New Registered Office Address:

1219 North 22nd Street

Enter Florida street address

FT Pierce Florida

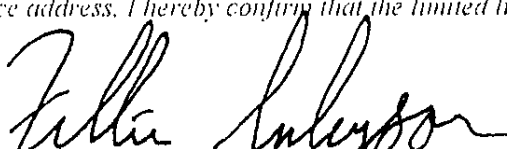
Florida 39450

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

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>
CEO	Shiloh Amilea		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Freddie Anderson		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 MAY 11 AM 9:24
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 TALLAHASSEE, FLORIDA

1d. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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

June 3, 2012

Willy Stark

Signature of a member or authorized representative of a member

Sheloh Amico

Typed or printed name of signee

FILED
17 MAY 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA