

L16000170741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

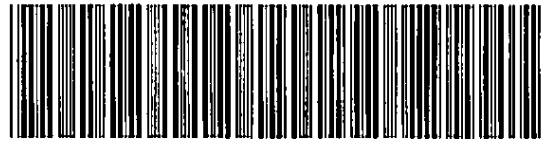
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300366345483

05/26/21--01018--003 **30.00

9/14/21 9:55

9/14/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
21 SEP -9 AM 10:47

June 25, 2021

TAMARA E MUNSAL
824 MOHAWK PKWY
CAPE CORAL, FL 33914

SUBJECT: GARDEN PRODUCE IMPORT, LLC ****
Ref. Number: L16000170741

We have received your document for GARDEN PRODUCE IMPORT, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 421A00014485

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Garden Produce Import 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:

Tamara Eliana Minsal
Name of Person

Garden Produce Import LLC
Firm/Company

824 Mohawk Parkway
Address

Cape Coral Florida 33914
City/State and Zip Code

Tamaraeminsal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara E. Minsal at (786) 301-8187
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 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**

Garden Produce Import 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 09/13/2016 and assigned Florida document number L16000170741.

This amendment is submitted to amend the following:

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

TRANSCONTINENTAL BUSINESS 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:

Tamara E Minsal

(Principal office address MUST BE A STREET ADDRESS)

824 Mohawk Parkway

Cape Coral Florida 33914

Enter new mailing address, if applicable:

824 Mohawk Parkway

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral Florida 33914

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

_____, Florida _____

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

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

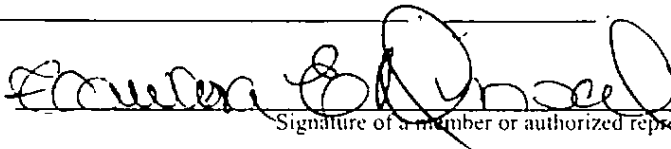
new address is:
824 Mohawk Parkway
Cape Coral FL 33914

E. Effective date, if other than the date of filing: 05/01/2021 **(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 _____


Signature of a member or authorized representative of a member

Tamara E Minsal Mgr

Typed or printed name of signee