

U16000200414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

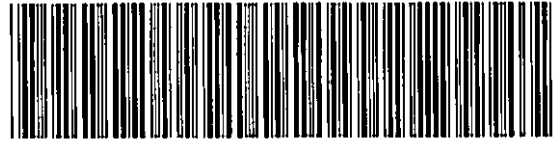
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REC
11/5

Office Use Only



700317640987

FILED

2018 NOV -5 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FL

11/06/18--01008--010 **25.00

UV - 6

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2018

RUBEN TORO P.A.
7901 KINGSPORTE PKWY
STE 31
ORLANDO, FL 32819

SUBJECT: TCX CLEANING LLC
Ref. Number: L16000200414

We have received your document for TCX CLEANING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 118A00022034

REC'D
2018 NOV -5 PM 12:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCX CLEANING 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:

RUBEN TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPORTE PKWY STE 31

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTING@RUBENTOROCPA.COM

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

For further information concerning this matter, please call:

RUBEN TORO

407

370-6445

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

2018 OCT 25 PM 11:00



20

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

TCX CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2018 NOV -5 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/31/2016 and assigned
Florida document number L16000200414.

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:

4368 Middle brook Rd

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32811

Enter new mailing address, if applicable:

4368 Middle brook Rd

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32811

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:

Erico Scholl

New Registered Office Address:

4368 Middle brook Rd. Orlando FL 32811

Enter Florida street address

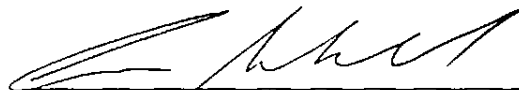
Florida

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

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>
AMBR	ERICO SCHOLL	4368 Middle brook Rd.	<input type="checkbox"/> Add
		Orlando FL 32811	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 10/15/2018 (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 OCTOBER 15, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

FILED
2018 NOV -5 PM 5:19
CLERK OF STATE
TALLAHASSEE, FL