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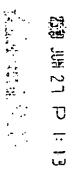
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JTS HENDY KS Property Selvices 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:
JUSTIN Hendricks Name of Person
JTS/HENDRICKS Property Sewills
401210 proud mockingbird Rd
Lephryhills Ft, 33540 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TUSTIN HENDER (K)  Name of Person  at (813) 737 9013  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

### 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

TTS Hendrick! (Name of the Limited)	Property Services U.C.  Liability Company as it now appears on our records.  Florida Limited Liability Company)  1: 13
The Articles of Organization for this Limited Liab	ility Company were filed on OU 12/2017 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the T.T'S PRESURE. The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable of the control	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	сцу гр сми

## 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 **Type of Action Title** Name **Address** Tiffani Hendricks 401240 Proud Mockingbird Rd - Add 18phryhill FL 33540 ☐ Change Michael Hendricks 40176 Proud mocking bird Pd - Add MOR Lephnyhills FL 33540 ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

If amending any o	her information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<u>.                                    </u>	
(If an effective date is list. Note: If the date ins	ther than the date of filing:
the record specifi ) The 90th day a	es a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of ifter the record is filed.
Dated TUNC	<del>23</del>
	Signature of a member or authorized representative of a member
	Tiffani Hendricks Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00