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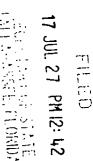
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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S. WARREN AUG 0 1 2017

COVER LETTER

TO: Registration Division of C					
· · · · · · · · · · · · · · · · · · ·	cialty Services, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Raymond M Hentschel				
		Name of Person	·		
	TFIC Specialty Services, LI	.C			
		Firm/Company			
	1155 South Atlantic Ave., #203				
		Address	_		
	Cocoa Beach, Fl. 32931				
	ihchotel@yahoo.com	City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notifi	cation)		
For further information	concerning this matter, please ea	ail:			
Raymond M Hentsche		561 723-1230 at ()			
Name	e 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 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i de maritanti ambienti di contratti di cont		
(A Florida l	Company as it now appears on our recor- limited Liability Company)	<u>cs.</u> ;
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the designation "LL	C'''or the abbreviation "E. E. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ered office address on our record	is, <u>enter the name of the </u>
registered agent and/or the new registered office addr	ered office address on our record ress here:	is, <u>enter the name of the </u>
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address:	ered office address on our recordess here: Enter Florida street address. City Agent:	is, enter the name of the law. Zip Code
	Enter Florida street address City Agent: and agree to act in this capacity. I famplete performance of my duties, a cent as provided for in Chapter 605	lorida Zip Code wither agree to comply with and 1 am familiar with and 1. F.S. Or, if this document is

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 = Max $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			□ Add
			□ Remove
			□lChange
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Filing Fee: \$25.00