

L17000156209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

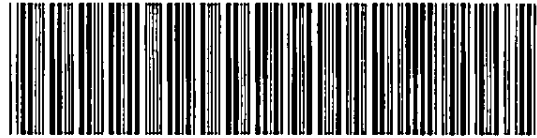
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/17--01001--026 **25.00

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17 NOV 30 AM 2:52

2017 OCT 30 AM 8:15

FILED

G. CHIMONE
DEC 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2017

JOYCE NASCIMENTO
7411 VICTORIA CIR
ORLANDO, FL 32835

SUBJECT: DR SCREEN REPAIR LLC
Ref. Number: L17000156209

We have received your document for DR SCREEN REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 317A00022149

2017 NOV 30 AM 11:34

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR Screen Repair 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:

JOYCE NASCIMENTO

Name of Person

Firm/Company

7411 VICTORIA CIR

Address

ORLANDO, FL 32835

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

DR SCREEN REPAIR 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 07/21/2017 and assigned
Florida document number 1.17000156209

This amendment is submitted to amend the following:

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

TRACTOR MACHINE 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:

(Principal office address MUST BE A STREET ADDRESS)

4200 SUMMIT CREEK BLVD APT 9101

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4200 SUMMIT CREEK BLVD APT 9101

ORLANDO, FL 32837

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:

TIAGO D MIRANDA

New Registered Office Address:

4200 SUMMIT CREEK BLVD APT 9101

Enter Florida street address

ORLANDO

Florida 32837

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>
MGR	DIOGO DOS SANTOS	4719 CASON COVE DR	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAVONNE CHALENE GEORG	4200 SUMMIT CREEK BLVD	<input checked="" type="checkbox"/> Add
		APT 9101	<input type="checkbox"/> Remove
		ORLANDO, FL 32837	<input type="checkbox"/> Change
MGR	TIAGO D MIRANDA	4200 SUMMIT CREEK BLVD	<input type="checkbox"/> Add
		APT 1901	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<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

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

17 NOV 30 AM 7:58

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 Nov 14, 2017

LINGO MISCANAL

Signature of a member or authorized representative of a member

ORLANDO FERREIRA ROSA

Typed or printed name of signee