

L17000 162841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

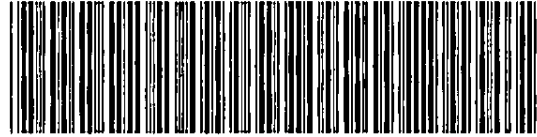
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRADITIONAL SERVICES 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:

CARLOS MONREAL VEGA

Name of Person

TRADITIONAL SERVICES LLC

Firm/Company

5835 23RD STREET

Address

VERO BEACH FL 32966

City/State and Zip Code

MONREAL17@YAHOO.COM

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

For further information concerning this matter, please call:

CARLOS MONREAL VEGA

772 410-7832

at (_____) _____

Name of Person

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 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**

TRADITIONAL SERVICES 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 07/31/2017 and assigned
Florida document number L17000162841.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CARLOS MONREAL VEGA

New Registered Office Address:

5835 23RD ST

Enter Florida street address

VERO BEACH


Florida 32966

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>
AP	CARLOS MONREAL MR	5835 23RD STREET	<input type="checkbox"/> Add
		VERO BEACH FL 32966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS MONREAL VEGA	5835 23RD STREET	<input checked="" type="checkbox"/> Add
		VERO BEACH FL 32966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 FEB 23 PM 4:11
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB -3 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FL

SECRET
2020 FEB -3 PM 4:14
STATE
TALLAHASSEE, FL

(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)

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.

Cell

CARLOS MONREAL VEGA

Filing Fee: \$25.00