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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
TKB Servi	ices LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Veronica Vega		
		Name of Person	
	904 Renovations LLC		
		Firm/Company	
	539 Millhouse Ln		
		Address	
	Orange Park, FL 32065		
		City/State and Zip Code	
	904renovations@gmail.com		
Use forther information	E-mail address: (concerning this matter, please c	to be used for future annual report not	trication)
	concerning this matter, prease c		
Veronica Vega		904 4127880 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration Sc	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLES OF	AMENDMENT	
	0	
ARTICLES OF C		喜不
O	F	records.) and assigned
TVD C : 11.0		
TKB Services LLC (Name of the Limited Liability Compa	ny as it now appears on our	r records)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)	7
he Articles of Organization for this Limited Liability Company	were filed on 09/05/201	7 and austoned
	were fried on	and assigned
orida document number 1.17000188657		
his amendment is submitted to amend the following:		
If any and in a name of the day name of the limited light	ilitu aammanu hause	
. If amending name, <u>enter the new name of the limited liab</u>	mty company nere:	
94 Renovations LLC		MICON A THE SECOND OF THE SECO
ne new name must be distinguishable and contain the words "Limited Liabi		
nter new principal offices address, if applicable:	539 Millhouse Ln Oran	ge Park, FL 32065
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	539 Millhouse Ln Oran	ge Park, FL 32065
Auiling address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
	•••	
. If amending the registered agent and/or registered office a	address on our records,	enter the name of the new registered
ent and/or the new registered office address here:		
Name of New Registered Agent:		
N Danistana d (1970a Addressa)		
New Registered Office Address:	Enter Florida stree	t address
		878
	Ciņ [,]	Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	•	·
aorohy arront the annoutment ar ramitement ament med our		
hereby accept the appointment as registered agent and agr cavisions of all statutes relative to the proper and complete	performance of my du	
ovisions of all statutes relative to the proper and complete		•
	provided for in Chapter	r 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Veronica Vega	539 Millhouse Ln	□Add
		Orange Park, FL 32065	□Remove
			= Change
			🗀 Add
			Remove
			□Change
		□Add	
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			□Change

Page 2 of 3

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(II an el <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	February 10 . 2020.
	\1\land{\cand{\land{\land{\land{\land{\land{\land{\land{\land{\land{\land{\and{\cand{\land{\land{\land{\land{\land{\land{\land{\land{\land{\land{\cand{\land{\land{\and{\cand{\land{\cand{\land{\and{\cand{\land{\cand{\land{\cand{\
	Signature of a member or authorized representative of a member
	Veronica Vega
	Typed or printed name of signee

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Filing Fee: \$25.00