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| Special Instructions to I | Filing Officer:      |               |
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# **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: TCH Remodeling & Kepar Luces LCC<br>Name of Limited Liability Company  | ر |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |   |
| Please return all correspondence concerning this matter to the following:   |   |
| Danielle McInernee Name of Person   |   |
| Tett Remodeling 3 Repair Survives   | Ļ |
| Lost 10th Ave N   |   |
| Jacksonville Beach, FZ 32250  |   |
| City/State and Zip Code  Dan Mack 143 Dama, Com  E-mail address: (to be used for future annual report notification)   |   |
| For further information concerning this matter, please call:    1   1   1   2   3   4   5   5   4   4   5   5   6   |   |
| Enclosed is a check for the following amount:   |   |
| \$25.00 Filing Fee Solution Signature Solution Signature Solution S |   |

### 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

ed 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 October 3, 2017 and assigned Florida document number 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 " 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: New Registered Office Address: Enter Florida street address Florida City Zip Code

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

lew Registered Agent's Signature, if changing Registered Agent:

ompany has been notified in writing of this change.

\_\_\_\_\_

If Changing Registered Agent, Signature of New Registered Agent

| If amending A<br>or removed fr | Authorized Person(s) authorized to ma<br>om our records: | nage, enter the title, name, and address of eac       | h person being added     |
|--------------------------------|--|---|--------------------------|
| MGR = Mar<br>AMBR = Aut        | nager<br>horized Member                                  |   | <br>                     |
| <u>Title</u>                   | Name   | Address   | Type of Action           |
| MBR -                          | Trevor C Haga  | Jackson, 119 Ben Fl 322                               | DAdd  SO Remove          |
| Zoganner H                     | Danielle Mississen                                       | 1243Willow Daks Dr W<br>Jacksonuille Boh, FL<br>32250 | Change D Add D Remove    |
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Page 2 of 3

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                      |
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| Please add the following information  |                      |
| for your records. I realize you min   | 7                    |
| not need it all but I'd lather be safe.   |                      |
| Were at a standstill until We can per the   |                      |
| Checking acct. Sincerest gratitude for your   |                      |
| eardiked help.  |                      |
| FEIN = 822993795  |                      |
| Trevor CHagy SS#  | •                    |
| DBA-TCH Remy DOB  | ,                    |
| Repair Services EMAI + thoogie hage a) amail  | .com                 |
|   | 30                   |
| Danielle McInerney  | ı                    |
| 1243 Willow O-Ks Dr W   |                      |
| Ju Bch Pr. 32250  |                      |
| (C) 904-349.3309 (F) 904.246-1905 (F) Danimack 143 D  | gna.L.e.             |
| . Effective date, if other than the date of filing: October 3, 2017 (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 605.0.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. | 207 (3)(b)<br>as the |
| document's effective date on the Department of State's records.   | Ti                   |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier  |                      |
| The 90th day after the record is filed.   |                      |
| Dated Lotober 23 . 2019.  |                      |
| Signature of a member of authorized representative of a member  |                      |
| TENOR CHINA   |                      |
| Typed or printed name of signee   |                      |
| Page 3 of 3   |                      |
| Page 3 of 3   | 1                    |

D.

Filing Fee: \$25.00