

11800088506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07/24/18--01021--006 4425.00

(Business Entity Name)

(Document Number)

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JUL 28 2018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**TINA'S GLOBAL SERVICES LLC**  
**SUBJECT:** \_\_\_\_\_ **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:

## Fritzina

Name of Person

TINA'S GLOBAL SERVICES LLC

**Firm/Company**

2040 SW 24TH CIR

**Address**

BOYNTON BEACH FL 33426

**City/State and Zip Code**

AFRITZINA@GMAIL.COM

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

For further information concerning this matter, please call:

FRITZINA AHRENDTS

561 808-5471

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Name 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

TINA'S GLOBAL 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 04/09/2018 and assigned Florida document number L18000088506.

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.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

*SEARCHED INDEXED  
JUL 24 2018  
FILED  
FLORIDA  
MAY 22 2018*

**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:

FRITZINA AHRENDS

New Registered Office Address:

2040 SW 24TH CIR

*Enter Florida street address*

BOYNTON BEACH

, Florida

*City*

33426

*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>
AMBR	FRITZINA AHRENDS	2040 SW 24TH CIR BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

18 JUL 24 PH 3 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/09/2018

(optional)

**E. Effective date, if other than the date of filing:** 04/09/2018 **(optional)**

**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 JULY 19 2018

*Signature of the authorized representative of a member*

FRITZINA AHRENDTS

Typed or printed name of signee