L18000 110067

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
100.1	31 - F - F	- ID
(City):	State/Zip/Phon	е #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	iment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	



700314545677

06/18/18-+01022-+017 **25.00

Store Day of Jahron Bland or Correction of C

Office Use Only

N COOPER JUN 1 9 2018

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: TLC	Dustless Fic	ecr Removal Ll	-C
	Name of Limit	ed Liability Company	
The enclosed Articles of Art	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Valerie 1	Nagner Name of Person Wagner & ASSOC Pirm/Company	
	, (wante of Person	
	Valene	Wagner & Assoc	iates LLC
	Po 1	30x 555	
		Address	
	Engl	BOX 555 Address ewood FL 3	34295
		0: (0: 1.7): 0.1	
	LisaCHun1@c	Imail.com	
	E-mail address: (to	be used for future annual report n	otification)
For further information cond	cerning this matter, please cal	1:	
Valene T	Wagner	at (941) 475 Area Code Days	5-1976
Name of Po	erson -	Area Code Dayi	ime Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee	S30.00 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

TLC Dustless Floor	r Removal LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	· · ·	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18 000 110067</u> .	vere filed on	and assig	med
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	previation "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1448 Japan St North Port FL	34288	
Enter new mailing address, if applicable: (No change) (Mailing address MAY BE A POST OFFICE BOX)	23144 Allen Av. Port Charlotte	e ,FL 3:	<u>398</u> 0
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address on our records, enter	the name o	f the new
New Registered Office Address:	Enter Florida street address	—————————————————————————————————————	(20년) (20년) (20년)
	, Florida	×	- - 2
No. Designated Asset's Cignoture if shanging Degictored Agents	City	Zip Codo	2016 1016
New Registered Agent's Signature, if changing Registered Agent:		9	} -

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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	LISA A. ChAN	23144 Allen Ave	X Add
		Port Charlotte, Fr 3:	Remove
			Change
<u>AMBR</u>	Tyler L. Chan	1448 Jupan St	
	·	1448 Jupan St North Port, FL 342	Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

	amending any other information, enter change(s) here: (Attach additional sheets, if necessary:)	
•		
-		
-		
_		
		≅.
_		NOR
		Z
		00
		.
		99
_		
fective n effection te: If the cument'	date, if other than the date of filing:	605.0207
	Total Be	nsted as I
he 90t	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ea	
	and its med.	rlier of:
d	1/21/19 19 22/2	
	27.	
_	- X: O1 /1/	
_	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00