C 18000196525

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
(enposite/2.pr. none ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500407370955





S. F.C. 1 (1 N JUN 43 (11)

COVER LETTER

TAMPA T	HERMOFOIL DOORS LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALFREDO SUAREZ RO	DRIGUEZ	
		Name of Person	
		Firm/Company	
	7603 CANYON CT		
		Address	
	TAMPA, FL 33615		
	ALFRED9102012@GMAI		
For further information c	E-mail address: (oncerning this matter, please o	to be used for future annual report: all:	notification)
ALFREDO SUAREZ R		813 376-8398	₹
Name o	t Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Addres	:e:	Street Address	

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TAMPA THERMOFOIL DOORS 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 08/16/2018 and assigned Florida document number <u>L18000196525</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUAREZ HAULING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A

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.

Cite

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			Remove
			□Change
<u>, , , , , , , , , , , , , , , , , , , </u>			□Add
			□Remove
			Change
		□Add	
			□Remove
			□ Change
		□ Add	
		□Remove	
			□Change
		□Add	
			□Remove
			□Change
			□ Add
			□Remove
			□Change

O. If an	N/A	
	, and the second	
		
		
E. Effec	ctive date, if other than the date of filing:	(optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
	:: If the date inserted in this block does not meet to iment's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as the s records.
f the rece ecord is		Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Date	d	23
Date	v <u></u>	
	Signature of a memb	or organisative of a member

Typed or printed name of signee