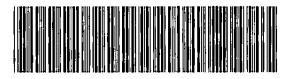
L18000 238502

(Req	uestor's Name)	
(Add	ress)	· -
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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COVER LETTER

TO: Registration Se				
	ENERAL SERVICES LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		RAFAEL TINTI		
		Name of Person		
	TIS	NTI GENERAL SERVICES LLC		
		Firm/Company		
	10	636 SILKWOOD DR		
		Address		
	JA	CKSONVILLE FL 32257		
	tint	City/State and Zip Code igeneralservices@igmail.com		
		to be used for future annual report no	tification)	
For further information of	concerning this matter, please o	:all:		
RAFAEL TINTI		904 6001256 at ()		
Name o	of Person	Area Cude Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
匾 \$25 00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
				C'2
Mailing Address		Street Address:		
Registration	Section	Registration S		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Street Address:
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

TINTI GENERAL SERVIC		
(Name of the Instead Lability	v Compour et it new oppears en our records.) Lumited Labelity Compony)	
The Articles of Organization for this Limited Liability C Florida document number L18000238502	ompany were filed on 10/08/2018 and assigned	
	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lim	ated Limbility Company," the designation "LLC" or the abbreviation "LL.C."	
Enter new principal offices address, if applicable:	10636 SILKWOOD DR.	
(Principal office address MUST BE A STREET ADDR	(ESS) JACKSONVILLE FL 32257	
	IACA CHENWOOD DO	
Enter new mailing address, if applicable:	10636 SILKWOOD DR	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL 32257	
B. If amending the registered agent and/or registered agent and/or the pew registered office address here:	d office address on our records, <u>enter the name of the new registered</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registere		
provisions of all statutes relative to the proper and of accept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is not office address, I hereby confirm that the limited liability	
company has been notified in writing of this change.	<u> </u>	C)
	If Chonging Registered Agent, Signature of New Registered Agent	,
		<u>ي</u> .

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>	Name	<u>Address</u>	Type of Action	
AMBR	Arlete Teixeira Alvea Tinti	10636 SILKWOOD DR.		
		JACKSONVILLE FL 32257		
			OChange	
			- C) Add	
			☐ Remove	
			[]Change	
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			CiChange	
				
			□Remove	
			C)Change	
			EIAdd	
			□Remove	
			①Change.	175
				C)

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necess	sary.)
NA		
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<u> </u>		
		
·		
E. Effective date, if other than t	ne date of filing:	-D
(If an effective date is listed, the date to	east be specific and cannot be prior to date of filing or more than 90 days after file	ing.) Parsizant to 605 0207 (3)(b)
document's effective date on the	block does not meet the applicable statutory filing requirements, this di Department of State's records.	ate will not be listed as the
If the record specifies a delayed effect record is filed.	rve date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
		C)
Dated TULY 19	2021	
	21	
Kuf	Il Lases Suli	
	Signature of a member of authorized representative of a member	N N
	RAFAEL TINTI	<i>(</i> • • • • • • • • • • • • • • • • • • •
	Typed or printed name of signee	· .
		# 2
		24

Filing Fee: \$25.00