

L18000244860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

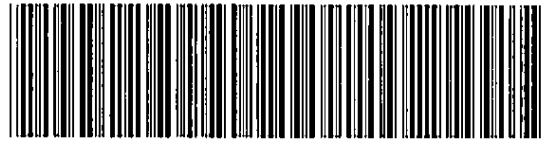
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331579242

07/15/18--01029--023 **25.00

FILED

19 JUL 15 PM 1:40

CLERK OF DISTRICT COURT
FALL HARBOR, FLORIDA

JUL 28 2018
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDA RENOVATION AND PAINTING SERVICES, LLC

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:

CLEOPHAT VILMEUS

Name of Person

TDA RENOVATION AND PAINTING SERVICES, LLC

Firm/Company

15046 NE 6TH AVE

Address

MIAMI, FL 33161

City/State and Zip Code

TDAFINANCIAL2018@GMAIL.COM

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

For further information concerning this matter, please call:

CLEOPHAT VILMEUS

786 5803595

at ()

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**

TDA RENOVATION AND PAINTING 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 10/18/2018 and assigned
Florida document number L18000244860.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TDA SUPER STORE LLC

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:

15046 NE 6TH AVE MIAMI FL 33161

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

15046 NE 6TH AVE MIAMI FL 33161

(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:

15046 NE 6TH AVE

Enter Florida street address

MIAMI

Florida 33161

City

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>
MGR	FABIENNE SAINT JUSTE	300 PALM CR. WEST, 107 PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CELESTIN, JEAN	15046 NE 6TH AVE MIAMI FL 33161	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 JUL 11 PM 1:40
STATE
OFFICE
TALLAHASSEE, FLORIDA

19 JUL 15 PM 1:4
STON PAUL OF PAI
FALL MAST OF LORI

FILED
19 JUL 15 PM 1:40
U.S. DISTRICT COURT
MILWAUKEE, WISCONSIN

E. Effective date, if other than the date of filing: _____ (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.

Dated 7/11/ 2019

CLEOPHAT VILMEUS

Filing Fee: \$25.00