## 1190000 23419

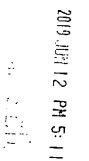
(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

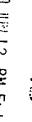
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C. GOLDEN JUN 2 5 2019

## COVER LETTER

Division o	f Corporations	
	Service Repair and Fabrication LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Picase return all co	rrespondence concerning this matter to the following:	
	Antonio Ventresca Jr	
	Name of Person	
	TSC Service Repair and Fabrication LLC	
	Firm/Company	
	2407 Sea Breeze Court	
	Address	
	Orando, FL 32805	
	City/State and Zip Code abarepair@live.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Antonio Ventresca	911	
1	Jame of Person Area Code Daytime Telephone Number	
Enclosed is a checl	for the following amount:	
□ \$25.00 Filing I	Fee Solution See & Solution See & See See See See See See See See S	

MAILING ADDRESS:

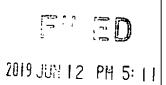
TO:

Registration Section

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**



TSC Service Repair and Fabrication LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	velini.
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000023419}{1.19000023419}$	y were filed on 1/22/2019 a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- 1/8*	,
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	) Code
	,	) Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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>	Type of Action
MGR	Daniel F Lugo	1579 Heather Way, Kissimmee, FL 34744	B Add
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
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			Change

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ffective date, if other th	an the date of filing			(ontional)
an effective date is listed, the	date must be specific and car a this block does not meet	nnot be prior to date of t the applicable state	filing or more than 90 day	s after filing.) Pursuant to 605.020 s, this date will not be listed a
e record specifies a d The 90th day after t		e, but not an ef	fective time, at 12	01 a.m. on the earlier o
ated	. 2	2019		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee