

L1900000 26470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

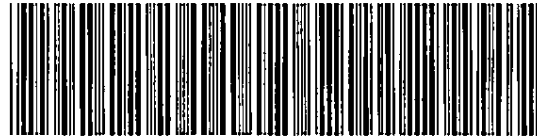
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100336643751

11/06/19--01007--022 **25.00

FILED

2019 NOV -6 P 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11-06-2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TURBINES TOTAL 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:

ANDRES HURTADO

Name of Person

PRODEZK INC

Firm/Company

5040 NW 7TH ST SUITE 705

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

INFO@PRODEZK.COM

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

For further information concerning this matter, please call:

ANDRES HURTADO

786 2338521
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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

~~23~~ NOV -6 P 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida document number L19000026470

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

6770 TAFT STREET HOLLYWOOD, FL 33024

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida
City

Zip Code

Page 1 of 3

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	CANDY VERONICA VASQUEZ FLORES	19516 BOBOLINK DRIVE MIAMI, FL 33015	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN RODRIGUEZ	6770 TAFT STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JHONNATTAN RODRIGUEZ	6770 TAFT STREET HOLLYWOOD, FL 33024	<input checked="" 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

[illegible]

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 24 DE OCTOBER 2019

Typed or printed name of signee