## L19000268484

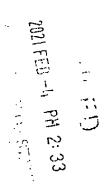
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

MRG MUI SUBJECT:	TI SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MONICA I GARZON		
		Name of Person	
	MRG MULTI SERVICES	LLC	
		Firm/Company	
	9622 BOCA GARDENS F	PKWY A	
		Address	· • • • • • • • • • • • • • • • • • • •
	BOCA RATON, FL 33496  City/State and Zip Code		
	E-mail address: (	to be used for future annual repor	1 notification)
For further information c	oncerning this matter, please c	all:	
MONICA I GARZON		754 317-773	66
Name o	t Person		aytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Addres Registration	
Division of C	Corporations	Division of	Corporations
P.O. Box 632	.7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	nipany as it now appears on our re ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp  Florida document number L19000268484	pany were filed on 10/25/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
manufacture of the body	<del>- "</del>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	
		, Florida 🔆 😤 Zīp Code .
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MDC MHI TI SEDVICES LLC

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 the 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 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	MONICA I GARZON	9622 BOCA GARDENS PKWY A	<b>=</b> Add
		BOCA RATON, FL 33496	□Remove
		□Change	
	-	□Add	
			□Remove
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(If an eff Note:	ve date, if other than the date of filing:
he recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	JANUARY 19TH 2021
Dated	
Dated	Harris augm
Dated	Signature of a member or authorized representative of a member