

L20000077714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

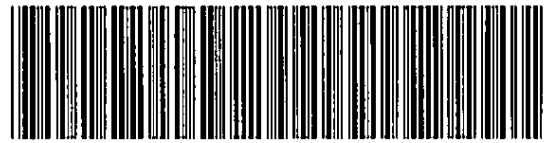
(Business Entity Name)

(Document Number)

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SECONVILLE, GA
TALLAHASSEE, FL

D. BRUCE
OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINTIN MULTISERVICES, 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:

DAVID HERNANDEZ P.

Name of Person

David Hernandez P.

Firm/Company

726 INTERLUDE LN

Address

ORLANDO, FLORIDA, 32824

City/State and Zip Code

davidher68@hotmail.com

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

For further information concerning this matter, please call:

DAVID HERNANDEZ

Name of Person

at (786)

Area Code

609 06 34

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TINTIN MULTISERVICES, 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 03/10/2020 and assigned Florida document number L 20000077714.

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 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)

726 INTERLUDE LN,

ORLANDO, FL, 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

davidher68@hotmail.com

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:

DAVID HERNANDEZ

New Registered Office Address:

726 INTERLUDE LN,

Enter Florida street address

ORLANDO

City

Florida

32824

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.

David Hernandez

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	CASTRO, JULIO C, SR	7803 WESTMINSTER	<input type="checkbox"/> Add
		ABBEY BLV, ORLANDO,	<input checked="" type="checkbox"/> Remove
		FL, 32835	<input type="checkbox"/> Change
MGR	DAVID HERNANDEZ	726 INTERLUDE LN,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID HERNANDEZ	726 INTERLUDE LN,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

3

2020 AUG 21 PM 4:41

SEYMOUR J. HALL
TALLAHASSEE, FL.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 08 / 19 . 2020

Demetrius Lewis

Signature of a member or authorized representative of a member

DAVID HERNANDEZ

Typed or printed name of signee