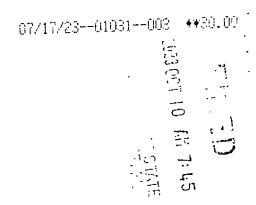
L20000131051

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUFFIX

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COVER LETTER

		ation Sect n of Corpo						
41		TECOINCA GENERAL SERVICES LLC						
SUBJEC			Name of Limi	ited Liability Company				
The encl	osed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all	correspond	lence concerning this matter	to the following:				
			GABRIEL GIL ASUAJE					
				Name of Person				
			665 N BAGDAD RD, APT	Firm/Company				
			LEANDER, TX, 78641	Address				
			tecoinca@yahoo.es	City/State and Zip Code				
			= -	to be used for future annual report i	notification)			
For furth	ær infor	mation cor	cerning this matter, please ca	all:				
GABRI	EL GIL	ASUAJE		305 7767561				
		Name of I	Person	Area Code Day	time Telephone Number			
Enclosed	f is a ch	eck for the	following amount:					
□ \$ 25.	.00 Filin	g 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECOINCA GENERAL SERVICES LLC

2023 (007 10 AS: 7: 6

(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 Apr29,2021 and assigned Florida document number ______L20000131051 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TCI CONTRACTORS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Enter Florida street address

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.

City

___, Florida __

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>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□ Add
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7 Cfaatlee - 1	e, if other than the date of I are is listed, the date must be specifi ate inserted in this block does i Tective date on the Department	ic and cannot be prior to not meet the applical	a date of tiling or more the	(optional) in 90 days after filing.) Pursuant tirements, this date will not	to 605.0207 (be listed as t
Note: If the					
Note: If the document's e	ies a delayed effective date, bu	nt not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
Note: If the document's e record specied is filed.	ies a delayed effective date, bu	at not an effective time	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th da	y after the
Note: If the odocument's e record specied is filed.	MBER 27	2023 Hulu	ne, at 12:01 a.m. on the		y after the

Filing Fee: \$25.00



August 16, 2023

GABROE; ARTIRP GIL ASUAJE 665 N BAFDAD APT 11301 LEANDER, TX 78641

SUBJECT: TECOINCA GENERAL SERVICE LLC

Ref. Number: L20000131051

We have received your document for TECOINCA GENERAL SERVICE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

ULI 1 0 2023

Letter Number: 623A00018800