## L20000 288132

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TCY-MAC REMODELL Name of Limite	ng and Construction, LLC ed Gability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Torr	Pame of Person
Tor-Mac	LCG15t1C5 Firm/Company
1615 Prairie	C Blossom Dr. Address
Lakeland	71. 33810 City/State and Zip Code
Tritornacindustries@gmail. E-mail address: ito For further information concerning this matter, please cal	istrice annual report notification)
Turrey McClain  Name of Person	at ( <u>S13</u> ) <u>520 - U 141</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy  (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certified Copy  (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tor - Mac Remodeling (Name of the Limited Liability Compan (A Florida Limited Li	and Construction, yas it now appears on our records.)	110
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L2000038132}{L}$ .	vere filed on $\frac{9/14/30}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  To C - MOC LOGIST CS, LLC  The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		55000 DC.
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the name</u>	e of the new registered
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.

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

Title	<u>Name</u>	Address	Type of Action
Title AMBR m MTS.	Cacentra McClain	165 Prourie Blossom Dr.	i⊻Add
		Lakeland, 71. 33810	□Remove
			□Change
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`an effect <u>Vote:</u> - If`	te date, if other than the date of filing: (optional) (optional) ive date is listed, the date must be specific and cannot be phior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	11:00 a.m.  / Englain Signature of a member or authorized representative of a member
	100 m MENA
	Signature of a member or authorized representative of a member