

121 0000 17779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

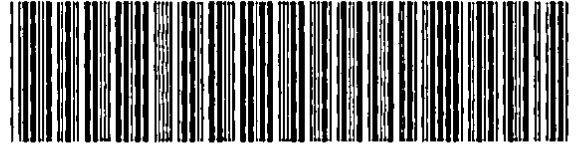
(Business Entity Name)

(Document Number)

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2021 OCT 14 PM 4:19

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2021

MARCUS ZARFOS
462 SW LAIRO AVE.
PORT SAINT LUCIE, FL 34953

SUBJECT: TREASURE COAST VENTING SERVICES LLC
Ref. Number: L21000017779

We have received your document for TREASURE COAST VENTING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 021A00018465

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treasure Coast Venting Services 2/15/04 AM 7:37
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:

Marcus Zarfos
Name of Person

Treasure Coast Venting Services LLC
Firm/Company

462 SW Laird Ave.
Address

Port Saint Lucie, FL, 34953
City/State and Zip Code

Tcoventingpros@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Zarfos at (772) 985-1058
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Treasure Coast Venting Services 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 01-6-21 and assigned Florida document number L21000017779.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tc Appliance repair LLC

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)

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

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

Category	Item	Value	Unit	Change
Category 1	Item 1.1	10	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 1.2	20	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 1.3	30	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 2	Item 2.1	40	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 2.2	50	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 2.3	60	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 3	Item 3.1	70	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 3.2	80	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 3.3	90	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 4	Item 4.1	100	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 4.2	110	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 4.3	120	kg	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

[illegible]

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 08-31-2021

[Handwritten signature]

Signature of a member or authorized representative of a member

Marcus Zarfos

Typed or printed name of signee

Filing Fee: \$25.00