Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000021214 3)))



H250000212143ABCR

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LORETTA VALERO-SMITH Account Name

Account Number : 120210000138

: (561)674-5575

Phone Fax Number

: (561)282-6317

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Casi !	Add	ress:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOMCO EQUIPMENT MAINTENANCE LLC

Certificate of Status	0
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K. SALY

JAN 2 1 2025

### **COVER LETTER**

TO: I

Registration Section Division of Corporations H250000212143

SUBJECT: TOKCO EQUIPMENT MAINTENANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

5616740663

Please return all correspondence concerning this matter to the following:

LORETTA VALERO - SMITH

Name of Person

AWS BOOKKEEPING & ACCOUNTING THE

Firm/Company

1300 N. FEDERAL HWY 57E 107

Address

BOXA RATON FL 33432

City/State and Zip Code

LORETTA 60 AUX TAXES OF

For further information concerning this matter, please call:

LOPETTA VAIGRO-SHITH at (56) 674-5575
Name of Person Area Code 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 Fce & Certified Copy (additional copy is enclosed) S60.00 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

H250000212143

TOMCO EQUIP	HENT H	AINTENANC	euc Solo
TOMO EQUIP (Name of the Limit)	ed Liability Compar (A Florida Limited L	ny as it now appears on o iability Company)	ur records.)
The Articles of Organization for this Limited Li	ability Company s	were filed on 8/	4/2021 and assigned
Florida document number <u>L210003</u>	53236	•	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	6415 Ma	ONSTONE WAY
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	•	BEACH, FL 33484
Enter new mailing address, if applicable:		6415 MOC	DUSTONE WAY
(Mailing address MAY BE A POST OFFICE B	(OX)	DELRAY P	seach, FL 33484
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office ad here:	dress on our records	, enter the name of the new registered
Name of New Registered Agent:	DANIE	L LLYDD	SELIER JR.
New Registered Office Address:	6415 M	CONSTONE Enter Florida stree	
	DELRAY	BEACH	, Florida <u>33484</u>
		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.

H 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 H250000212143

<u>Title</u>	Name	Address	Type of Action
MGR	ANGELA DELUCA	6415 HOONSTONE WAY	□Add
		DELRAY BEACH, FC 33484	Remove
			Change
MGR	DANIEL LYOD	7810 PARSONS PINE DR	Add
	SELIER JR,	BOYNTON BEACH FL334	37 ⊡Remove
			Change
		<u> </u>	Add
			- CRemove
			Ghange C
			□Remove
			□ Change
			🗅 Add
	,		□Remove
			Change
			🗀 Add
			□ Remove
			Change

# H250000212143

If ame	ending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
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(if an eff	tive date, if other than the date of filling the date is listed, the date must be specific and if the date inserted in this block does not ment's effective date on the Department of	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 meet the applicable statutory filing requirements, this date will not be listed as the
he recor ord is fi		ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/17/2025 (X)	· · · · · · · · · · · · · · · · · · ·
	Signature of a	a member or authorized representative of a member
	DANIEL	- L SELIERTR. Typed or printed name of signee