122000130790

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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22 JUN 17 PM 2: 31

T. MATTHEWS JUN 17 2022



RECEIVED

2022 JUN 17 AM 10: 49

Letter Number: 222A00011480

FLORIDA DEPARTMENT OF STATE IA STATE Division of Corporations

May 19, 2022

BRENDAN MCCUTHCHEON 925 CONGRESS PARK DAYTON, OH 45459

SUBJECT: T&J SERVICE OF FLORIDA L.L.C.

Ref. Number: L22000130790

We have received your document for T&J SERVICE OF FLORIDA L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|---|---|--|---|
| | ICE OF FLORIDA L.L.C. | | |
| SUBJECT: | Name of Lim | nted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Brendan McCutcheon | | |
| | | Name of Person | |
| | New Business Filing | endment and feets) are submitted for filing. mee concerning this matter to the following: Brendam McCutcheon Name of Person New Business Filing Firm Company 8170 Washington Village Dr Address Dayton OH 45458 Cny/State and Zap Code reders@newbusiness filing.org E-mail address; (to be used for future annual report nonfleation) erring this matter, please call: 2 \$30,00 Filing Fee & St. Certified Copy radditional copy is enclosed Street Address: Registration Section Division of Corporations The Centre of Tallahassee | |
| | | Firm-Company | |
| | 8170 Washington Village | ame of Limited Liability Company (s) are submitted for fitting. his matter to the following: cheon Name of Person filing Firm Company n Village Dr Address S8 City/State and Zip Code nessfitting.org if address: (to be used for future annual report notification) r, pleuse call: 888 | |
| | | Address | ······································ |
| | Dayton OH 45458 | | |
| | | City/State and Zip Code | |
| | | - | |
| For further information c | n-mail address: (concerning this matter, please c | | писаноп) |
| Brendan McCutcheon | | | |
| Name o | f Person | Area Code Dayter | ne Felephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| <u>Mailing Addres</u> Registration S | | | ection |
| Division of C | orporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee. | | | |
| rananassee. | した フェンチ | 2410 N. WIOHI | or parect pant of o |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRLIARY OF STATE OF OFFICE OFFIC

22 JUN 17 PM 2: 31

T&J SERVICE OF FLORIDA L.L.C.

(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 v | vere filed on $\frac{03/15}{2}$ | /2022 | and assigned |
|---|--|----------------------------|--------------------------|
| Florida document number L22000130790 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lty company here | : | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the desi | gnation "I.I.C" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | , u - p - u - |
| Enter new mailing address, if applicable: | | | <u></u> |
| (Mailing address MAY BE A POST OFFICE BON) | | | |
| B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our rec | ords, <u>enter the nai</u> | ne of the new registered |
| | | | |
| New Registered Office Address: | Enter Florida | i street address | |
| | New Registered Office Address: Enter Florida street address , Florida | | |
| | Ciņ | | Isp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p | performance of m | y duties, and Lam | |

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> | Name | Address | Type of Action |
|--------------|----------------|-------------------------|----------------|
| AMBR | Jarvis Taylor | H8 Virginia Rd | ≣Add |
| | | West Park Florida 33023 | ⊆Remove |
| | | | Change |
| MGR | Jahvoni Taylor | 118 VIRGINIA RD | DAdd |
| | | West Park Florida 33023 | ■ Remove |
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| fective date, if other than the d | ate of filing: | | (optional) | |
| fective date, if other than the d in effective date is listed, the date must b ite; If the date inscribed in this bloc | e specific and cannot be prior | to date of filing or more | e than 90 days after filing | .) Pursuant to 605.02 will not be listed |
| ncument's effective date on the Dep | artment of State's records. | arose statutory ming | requirements, uns date | Will hove be haved |
| | | | | |
| ecord specifies a delayed effective | date, but not an effective to | me, at 12:01 a.m. or | the earlier of (b). Th | ne 90th day after th |
| is filed. | | 4 | 11 | |
| April 14th | 2022 | Ι. | | _ |
| ited | · | / | / 3/10 | |
| | | // / | / <i>V</i> | |
| | ignature of a member of auth | mzed representative i | f a member | |
| | ignature or a member or duti | | | |

Filing Fee: \$25.00