

L23D000122 106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

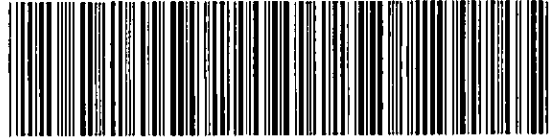
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED

2023 MAR 23 AM 9:12

CLERK OF STATE
TALLAHASSEE, FL

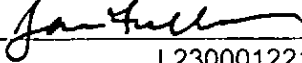
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2023 MAR 22 PM 1:16

CLERK OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: Amount: \$ 25.00

Authorization Signature: 
TDS CONCRETE LLC L23000122106

Business

Document

 Certified Copy of Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability

 Domestication
 Other

 CORP
 LLLP

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director

 Change of Registered Agent or office
 Dissolution

 Merger
 Conversion

 Amended and restated Articles
 Revocation of Dissolution

OTHER FILINGS

 Annual Report
 Fictitious Name

 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDS Concrete LLC
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:

Terri Patnick
Name of Person

Firm/Company

411 W 1ST ST
Address

SAFARD FL 32771
City/State and Zip Code

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

For further information concerning this matter, please call:

Terri Patnick at (407) 761-7519
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: TDS CONCRETE LLC
Ref. Number: L23000122106

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

Is the Name being changed? The name listed appears to be the same name. The Mgr last name is not legible.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 423A00006726

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2023 MAR 23 PM 2:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 MAR 23 AM 9:12

TDS Concrete LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/08/23 and assigned
Florida document number L23000122106

This amendment is submitted to amend the following:

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

TDS Concrete 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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|--------------------------------|--|
| <u>ASST</u> | <u>Sharnina Thomas</u> | <u>132 DREW AVE SANFORD FL</u> | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Terri Patrick</u> | <u>1202 CRESCENT ST</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SANFORD FL 32771</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2023 MAR 23 AM 2
SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 23 AM 9:12
CLERK OF STATE
TALLAHASSEE, FL

100-443888-100

(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.

Dated MARCH 20, 2023.

Shawna Thomas

Signature of a member or authorized representative of a member

Shawna Thomas

Typed or printed name of signee

Filing Fee: \$25.00