

L23000416519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC
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Phone : (775)329-7721
Fax Number : (775)376-9207

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

Email Address: britneysimpson23@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TELF SERVICES LLC**

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T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Hel **OCT 20 2024**



October 24, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TELF SERVICES LLC
770 SE 2ND AVE A103
DEERFIELD BEACH, FL 33441US

SUBJECT: TELF SERVICES LLC
REF: L23000416519

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : P18000064086, document number .

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: B24000354466
Letter Number: 024A00023520

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

TELF 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 09/06/23 and assigned
Florida document number L23000416519.

This amendment is submitted to amend the following:

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

TRUE SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED
2024 OCT 25 AM 11:23
CLERK OF STATE
TALLAHASSEE, FL

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>
MGR	Britney Telfort	770 Se 2Nd Ave A103	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Britney Simpson	770 Se 2Nd Ave A103	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<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.)*

Please update business purpose to cleaning services


E. Effective date, if other than the date of filing: N/A (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 10/23/2024



Signature of a member or authorized representative of a member

Britney Simpson

Typed or printed name of signee