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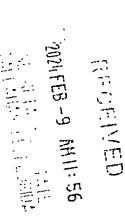
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COVER LETTER

TO:	Registration Sec Division of Corp			.	•	-
oun in				•		4
SUBJE	UN: <u></u>	Name of Lim	ited Liability Company		_	
The encl	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspoi	ndence concerning this matter	to the following:			
		TEVON THOMPSON				
		PECIALTIES SERVICES LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: TEVON THOMPSON Name of Person T'S SPECIALTIES SERVICES Firm/Company 290 HOLLOW CREEK LANE Address HAVANA FL 32333 City/State and Zip Code E-mail address: (to be used for future annual report notification) Limition concerning this matter, please call: SON Lame of Person Area Code Daytime Telephone Number Stor the following amount: Fee S 30.00 Filing Fee & Certificed Copy (additional copy is enclosed) Certificate of Status Certificate Copy (additional copy is enclosed)				
		T'S SPECIALTIES SERV	ICES			
Division of Corporations TS SPECIALTIES SERVICES 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: TEVON THOMPSON Name of Person TS SPECIALTIES SERVICES Firm/Company 290 HOLLOW CREEK LANE Address HAVANA FL 32333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TEVON THOMPSON Name of Person Name of Person Area Code Daytime Telephone Numb Enclosed is a check for the following amount: S25.00 Filing Fee S S30.00 Filing Fee S Certificate of Status Certificate of Status Certificate Opy Certificate Copy (additional copy is enclosed)		_				
		290 HOLLOW CREEK L	ANE			2
			Address			2024 FEB
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For furth	ner information co	oncerning this matter, please c	all:		កា	Ē.
TEVON	THOMPSON					
	Name of	Person		: Telephone Numb	ber	-
Enclosed	d is a check for the	e following amount:				
□ \$25.	.00 Filing Fee		Certified Copy	Certifi Certifi	cate of Si ed Copy	tatus &
	Mailing Address			ution.		
	_		_			
	P.O. Box 6323		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T'S SPECIALTIES SERVICES LLC

(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L24000061593</u> .	filed on 02/02/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable:	7. PH 2:
Mailing address MAY BE A POST OFFICE BOX)	L. t.
3. If amending the registered agent and/or registered office addre	ess an aur records, enter the name of the new region
ngent and/or the new registered office address here:	33 VII OUI Tecords, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	ity 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TEVON THOMPSON	290 HOLLOW CREEK LANE	= Add
	·	HAVANA FL 32333	□Remove
			□ Change
			□Remove
			□ Change
			□Add
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fective date, if other than the data an effective date is listed, the date must be	te of filing:	riar to data of filina	or mary than 00 day	(optional)	D.,	• <u> </u>
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ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:01 a	.m. on the earlier	of: (b) The	90th da	y after the
FEBRUARY 9TH	2024					
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a second)				

Typed or printed name of signee