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## **COVER LETTER**

TD: Registration Division of C	orporations
SUBJECT:	TTC Fervices LLC  Name of Limited Liability Company
The anclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Christopher martouich Name of Person
	Firm/Company
	2323 Holly HIII tank Rd
	Davenport FL 33837  City/State and Zip Code  TTC Services LLCOI agmall Com  E-mail address: (to be used for future annual report notification)
For farther information	n concerning this matter, please call:
Christoph	e of Person at (863) 662-7187  Area Code Daytine Telephone Number
Enclosed is a check fo	r the following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

	Fervices	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Colorida document number <u>L2 4000 4 93 6</u>	ompany were filed on <u>11-</u> <u>3</u> 8	22-2024 and assigned
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limi	vices LLC	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	<u></u>	· · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	F P	. Ib
	Emor Plorida si	
	City	, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = V $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	
			□Change
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ote: If the	te, if other that date is listed, the de date inserted in the effective date on	this block does t	not meet the ap	plicable statute	ling or more than ory filing require	<b>(optiona</b> 90 days after filir ements, this da	ll) ng.) Pursuant to 605 te will not be list	5.0207 ed as
ecord spec is filed.	ifies a delayed e	ffective date, bu	t not an effecti	ve time, at 12:0	H a.m. on the ea	arlier of: (b)	The 90th day afte	r the
ted	5-2	7-21	025	·	<del></del> _			

Filing Fee: \$25.00