105000122713

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SECRETARY OF STATE

T. CLINE

SEP 26 2008

EXAMINER

MARK R. KOMRAY, ESQ. 2255 ALICIA STREET FORT MYERS, FLORIDA 33901

OFFICE: 239-344-0040

FAX: 239-344-0041

September 18, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: THP, LLC, L05000122713

Dear Madam or Sir:

Please find enclosed an Amendment for the referenced LLC effecting a name change to "THP2, LLC". This is necessary because during the interim of filing the presently pending re-instatement application, another unrelated entity was formed using the original TPH, LLC name. Moreover my escrow account check # 1220 is enclosed in the amount of \$45.00 representing the sum of an additional \$20.00 fee to complete the pending Reinstatement, together with the standard \$25.00 Amendment filing.

The forgoing procedure was discussed with your division supervisor wherein it was agreed that instant approach represented the most expeditious manner in which to accomplish the necessary tasks. Time is of the essences, as a real estate closing is scheduled for September 30, 2008 and these matters must appear of record by that date.

Thank you for your kind and prompt assistance. I you have any questions please call the undersigned.

With Kindest Professional Regards

Sincérely

lark K. Komray, Esq

. COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: THP,LL	.C			
	(Name of Limi	ted Liability Company)		
	Amendment and fee(s) are sub	-		
Tiouse retain an correspo	induite volletiming this in-	to no tone unig.		
	Mark R. Komray, Esq.			
		(Name of Person)		
	Attorney at Law	•		
		(Firm/Company)	TAS BE	
	2255 Alicia Street		SEF	
		(Address)	2008 SEP 25 SECRETARY TALLAHASSE	
	Fort Myers, FL 33901			
		(City/State and Zip Code)	PM 12: 57 YOF STATE WEELFLORID	
For further information of	oncerning this matter, please c	all.	TE ST	
roi iurinei miormadon e	oncerning this matter, prease o	uit.		
Mark R. Komrya, Esq.	of Person)	at (239) 344-0040 (Area Code & Daytime T	Salankana Number	
(Name	or retson)	(Alea Code & Daytime 1	ereprione (varioer)	
Tools and in a short for t	ha fallandaa amanat			
Enclosed is a check for t	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,	
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MATI	ING ADDRESS:	STREET/COURIER	ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

TALLAHASSE	SECRETARY OF S	2008 SEP 25 PH IZ		
)	ORIGA	ا ، الراد ال الراد ع	2	

THP, LLC

New Registered Office Address:	15465 Pine R	lidge Road (Enter Florida stree	et address)
Name of New Registered Agent:		•	r ·
B. If amending the registered agent and/ registered agent and/or the new registered o			ter the name of the nev
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Fort Myers, Florida 33908	
Enter new mailing address, if applicable:		15465 Pine Ridge Road	
		Fort Myers, Florida 33908	
(Principal office address MUST BE A STREE	T ADDRESS)	15465 Pine Ridge Road	
Enter new principal offices address, if applicable:		Tim G. Youngquist	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation
THP2,LLC	<u></u>		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
This amendment is submitted to amend the foll	owing:		
Florida document number L05000122713	 •		
The Articles of Organization for this Limited Liability Company were filed on 12-27-2005			and assigned
			000 -
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our records, Liability Company)) 星 5

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	Anaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
		,	Add
			Remove
			
			Add Remove
			BOOD SEI
		·	Add Remove
			PR III
			Fradd N.
			Add
			Remove
	•	ge(s) here: (Attach additional sheets, if necessary	
		sed regarding pending and previous tender payr	nents
<u>for</u>	reinstatement filed on or about May 2006	8. <u> </u>	·
			
_			
Dated Sonte	ember 18 2008		
Dated Septe	2008	and la fin G formany	<i>‡</i>
	17	r or authorized representative of a member	-H
	Mark R. Komray, Esq. 16 Typed	or Tim G. Youngquist I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00