

L18 000203042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

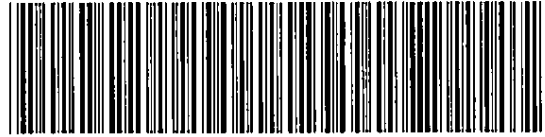
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400319244894

10/05/18--01004--014 **25.00

SECRETARY OF STATE
ADJ. CLERK

2018 OCT -5 PM 12:50

FILED

RECEIVED
DEPT. SECRET OF STATE

18 OCT -5 PM 12:40

T. CLINE
OCT -5 2018
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Thunder Detailing & Lawn Care L.L.C
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:

Earnesia L Brown
Name of Person

Tropical Thunder detailing & Lawn Care L.L.C
Firm/Company

1331 Poplar Dr
Address

Tallahassee FL
City/State and Zip Code

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

FILED
2018 OCT -5 PM 12:51
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Earnesia Brown at (813) 410-0165
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tropical Thunder car wash & Pressure Cleaning L.L.C
(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 Aug 24 2018 and assigned Florida document number L1800020304 2.

This amendment is submitted to amend the following:

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

Tropical Thunder detailing & Lawn Care L.L.C
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: 1331 Poplar Dr Tallahassee
Fl 32304
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
2018 OCT -5 PM 4:51
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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>AMBR</u>	<u>Nathaniel Grimsley</u>	<u>1408 Nyllic St Tallahassee</u>	<input type="checkbox"/> Add
		<u>Fl 32304</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Freddie Fiesser</u>	<u>1408 Nyllic St Tallahassee</u>	<input type="checkbox"/> Add
		<u>Fl 32304</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Nathan Lewis</u>	<u>1331 Poplar DR</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee FL 32304</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Clerk</u>	<u>Earnesia Brown</u>	<u>1331 Poplar Dr Tallahassee</u>	<input checked="" type="checkbox"/> Add
		<u>Fl 32304</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 OCT 5 PM 2:51
 TALLAHASSEE
 FLORIDA
 COUNTY CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2018 OCT -5 PM 12:51
STATE OF OHIO
RECORDS & ADMINISTRATION

E. Effective date, if other than the date of filing: 08/24/2018 (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.

Date: 10/5/2018

[Signature]
Signature of a member or authorized representative of a member

[Signature]
Typed or printed name of signee