From: Heather Irvini

4/25/22, 4:11 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374

Phone : (407)418-2435

Fax Number

: (407)420-5909

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

kvaswani@farmfetch.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THORP INVESTMENTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THORP INVESTMENTS, LLC		_	<u> </u>
(Name of the Limite)	l Liability Compa A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L20000378972	bility Company	were filed on December	10, 2020 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
n/a			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	1560 Central Ave, Apt	275
Principal office address MUST BE A STREET		St. Petersburg, FL 3370	<u></u>
Enter new mailing address, if applicable:		1560 Central Ave, Apt	275 275
Mailing address MAY BE A POST OFFICE B	(OX)	St. Petersburg, FL 3370	·
B. If amending the registered agent and/or re agent and/or the new registered office address Name of New Registered Agent:	gistered office : <u>here</u> :	address on our records.	enter the name of the new regist
Name of New Registered Agent.			
	1560 Central Ave, Apt 275 Enter Florida street address		
New Registered Office Address:	1300 Cellual A	Fiver Florida stree	t address
New Registered Office Address:	St. Petersburg	Enter Florida stree	i address , Florida 33705 Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member (((H22000149378 3)))

<u>Title</u>	Name	Address	Type of Action
n/a			🗆 🗆 Add
			🗀 Remove
			🗆 Remove
		□Remove	
			©Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
(((H22000149378 3)n		□Remove
(((1122000143510)	<i>m</i>		

From: Heather Irving

(((H220001493783)))

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n eff	ve date, if other than the date of filing:
ite:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
ссог	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after th
is fi	ed.
ited	April 25 2022
	Kuho
	Ki-Mo-
	/ With
	Signature of a member or authorized representative of a member

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