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SECRETARY OF STATE

T. HAMPTON

JUN - 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	· THO	COBA-CO B	roTHERS L	LC	
20202	•	(Name of Limi	ted Liability Company)		
The end	losed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all corresponde	ence concerning this matter	to the following:		
		GLEN	THEOBA-(Name of Person)	-0_	
			(Name of Person)		
		67 EN	TERPRISES		
			(Firm/Company)		
		2161 N	(Raine of Person) Tenphises (Firm/Company) (Address) (Address) (City/State and Zip Code)	tur	
			(Address)		20.14
		PenDruhe	Pine P	0 3	5324
			(City/State and Zip Code)		
For furt	her information con-	cerning this matter, please c	all:		
(Fler T	Heobaro Person)	at (959) 7	43808 & Daytime Telep	bana Number
	(Name of F	erson)	(Area Code	& Daytime Telep	mone Number)
Enclose	ed 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		2\$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 THEOBACO BOTHERS CLC (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 07/3 0/2003 Florida document number LD3 0000 2803 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." THEOBALD BROTHOR CLC 2161 NW 128 AUU Pen Brone Pines PL 33326 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) THEOBORD BROTHER LCC Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: GLEN THEOBOWD 2161 WW 128 AVE (Enter Florida street address) PROBORD Pine , Florida 33326 (City) (Zip Code) Name of New Registered Agent: New Registered Office Address:

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. Thereby 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 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 = Managing Member

Type of Action <u>Title</u> <u>Name</u> **Address** GLEN THEOBAGO Remove ☐ Add Remove Remove 🗖 Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess **) Dated 05-27-Signature of a member or authorized representative of a member THUBDO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00