L03000054046

(R	equestor's Name)
(Ad	ddress)
(A	ddress)
(0)	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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Examiner	Office Use Only
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cknowledgement	DCC
W. P. Verifyer	DCC.



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THOR LLC 10419 169TH DRIVE LIVE OAK, FL 32060

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document # L03000054046 / DATED 12-17-2003 THOR LLC, 10419 169 DRIVE, LIVE OAK, FL. 32060

March 16,2005

To Whom It May Concern:

Attached find a copy of the Electronic Articles of Organization and certified copy of the document noted above.

After reading the Articles of Organization, our accountant has confirmed that the original electronic filing was erroneously completed as a two (2) member LLC. The company that was paid to complete those company forms misunderstood what my accountant had requested. This LLC should be a one member only LLC for Barry A. Imler.

Please amend the Article V to only include one member for THOR LLC, BARRY A. IMLER, 10419 169th Drive, Live Oak, FL. 32060. Add Article VI, The name and address of authorized representative of the member is: Eva Delores Imler, 10419 169th Drive, Live Oak, FL. 32060, to be effective 12-17-2003 as should have been filed originally.

If you have further questions in this matter, do not hesitate to contact my wife Delores Imler at 386-364-1340. Thank you for your prompt assistance in this matter and accept my apology for any inconvenience this letter may cause.

Respectfully,

Authorized Representative As noted above

Barry A. Imler

Eva Delores Imler

TRANSMITTAL LETTER

TO: Registration Se Division of Co	ection reporations		
SUBJECT:	THOR	, LLC	
	(Name of Li	mited Liability Company)	
	of Amendment and fee(s) are sub condence concerning this matter	_	
	BARRY A.	IMLER	
	Ġ.	Name of Person)	
	THOR, L	LC	·
	C C	Firm/Company)	
	10419 169th DR	IVE -	
		(Address)	
	LIVE OAK,	FEORIDA 32060	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
DELORES	S IMLER	at (386) 364-1	L340
 	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	355.00 Filing Fee & Certified Copy (additional copy is enclosed)	(1) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Chaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOR, LLC

	(Present Name) (A. Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on document number L03000054046	_
The memb	The following amendment(s) to the Articles of Organization was/were adopted by the limit liability company. New Article V effective date 12-17-2003 e name and address of managing members/managers are: Title: Mgrm 100% Barry A. Imler 10419 169th Drive Live Oak, FL. 32060 Add ARTICLE VI effective date 12-17-2003 he amended address of an Authorized representative of the ber is: Eva Delores Imler 10419 169th Drive Live Oak, FL. 32060	
Org	ganization filed as a two member instead of a single member	r LLC.
	(Eva) Signature of a member or authorized representative of a member	
	Eva Delores Imler	
	Typed or printed name of signee	

Filing Fee: \$25.00