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EXAMINER



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SECRETARY OF STANDING

COVER LETTER

	ÿ	_	OTEREBUTER			
TO:	Registration Section Division of Corporations	4. 42			A .	
SUBJE	ECT:	Thompson H	Hills Estates, LLC			
		Name of Limite	ed Liability Company			
The en	closed Articles of Amendmen	t and fee(s) are subn	nitted for filing.			
Please	return all correspondence con	cerning this matter t	o the following:			
			Malcolm Jones		_	
			Name of Person			
Thompson Hill Estates, LLC						
			Firm/Company			
			207 Island Drive		_	
			Address		_	
	_					
For fur	ther information concerning t	,	be used for future annual report r	ioimounon)		
Malcolm Jones			at (561)	248-3505	 er	
	Name of Person		Alta Code & Da	yume reiephone ivumo	CI	
Enclos	ed is a check for the following	g amount:				
\$25		O Filing Fee & tificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certific	iling Fee, cate of Status & cd Copy onal copy is end	

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

Thor (Name of the Limited I (A I	mpson Hills Liability Compar Plorida Limited L	Estates, LLC ny as it now appears on lability Company)	our records.		
The Articles of Organization for this Limited Lia Florida document number L04000627		were filed onAug	gust 25, 2004	and assigne	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company,"	the designation "L	LC" or the abbr	eviation
Enter new principal offices address, if applical	ble:	207 Island Drive			
(Principal office address MUST BE A STREET		Jupiter, FI 33477			
Enter new mailing address, if applicable:		207 Island Drive		9 AUG 24	SECUL CAN
(Mailing address MAY BE A POST OFFICE B	Jupiter, Fl 33477		, De		
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter tl	7. 49 he name of th	ne new
Name of New Registered Agent:	Malcolm Jor	nes		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	e Address: 207 Island Drive Enter Florida street				
		Jupiter	, Florida	33477	
	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby chafter 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 <u>Name</u> <u>Address</u> Type of Action Title Title MGRM Adam Dionna 377 MAITLAND AVENUE, SUITE 2002 ☐ Add ALTAMONTE SPRINGS FL 32701 US 7 Remove Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 21 Dated ___ Signature of member or authorized representative of a member Malcolm Jones Typed or printed name of signee

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Filing Fee: \$25.00