Lo 60000061264

(Re	equestor's Name)	· .
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900081015879

10/27/66--01025--001 **25.00

FILED

2006 OCT 27 AM II: 08
SECRETARY OF STATE
SECRETARY OF STATE

We de

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Thomas Reed Enterprises LLC (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:		
Thomas Reed (Name of Person)		
Thomas Reed Enterprises LLC (Firm/Company)		
802 E. Wilson St. (Address)	2006 OCT 27 SECRETARY TALLAHASSE	I I
Perry. Fl. 32348	TARY HASSE	-
(City/State and Zip Code)	AM II: 08 Y OF STATE SEE.FLORID	اسردوا
For further information concerning this matter, please call:	O8 RHD	
Debra Reed at (850) 838-2683 (Name of Person) (Area Code & Daytime Telephone Nu	ımber)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Cert	of Status &	

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**

(Present Name) (A Florida Limited Liability Company)

Thomas Reed Enterprises.

FIRST:	The Articles of Organization were filed onO7/06/2006 and assigned document number	
SECOND:	This amendment is submitted to amend the following:	
	Remove-Franklin Phillip Dorman MCKM	
•	1333 Meluin Page Ln.	
	Perry, F1. 32347 RECRET TALLAND TALLA	*****
	HASS	
	m~	FT
	Add- Joyie Jason Millican Morm Fis	
	306 5. W. 820 5t.	
	Steinhatchee, Fl. 32359	
	Phone # - 229 - 506 - 3617	
Dated	October 26 2006	
	LI - Una A. Nowl - Registered Agent Signature of a member or authorized representative of a member	
	Debra J. Reed Typed or printed name of signee	

Filing Fee: \$25.00