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T. CLINE

SEP 13 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	THOMPSON'S				
		nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	CH	RISTOPHER O. MAR	SH		
		Name of Person			
	ECONOTA	AX OF NORTHWEST	FLORIDA		
		Firm/Company			
	139 BEA	AL PARKWAY SE, SU	ITE 102		
		Address			
	FORT	WALTON BEACH, FL	32548		
		City/State and Zip Code			
	CHRIS F-mail address	S@ECONOTAXFWB. (to be used for future annual rep	COM	25 E	·,
For further information	concerning this matter, please	•	or normeation)	SE SE	77
Tor tarmer anormation	concerning uns maner, prease	Call.		ARY SSI	E
	TOPHER MARSH	at (_850)	863-4829		m
Name	of Person	Area Code &	Daytime Telephone Number	AH IOF	
				REAL TOP	٠.
Enclosed 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 e	nclosed) Certified (of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

I HOME	SON'S AU	<u>ro service,</u>	LLC.				
(Name of the Limited)	A Florida Limited	iny as it now appear Liability Company)	s on our records.)				
The Articles of Organization for this Limited I Florida document numberL0700007	were filed on	07/23/2007	and a	ssigned			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>2</u> :				
	N/A	4					
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation '	'LLC" or the	abbrevia	ation	
Enter new principal offices address, if applicable:		101 LANG ROAD					
(Principal office address MUST BE A STREET ADDRESS)		FORT WALTON BEACH, FL 32547					
Enter new mailing address, if applicable:		101 LANG RO)AD	SEC.	SIIE		
(Mailing address MAY BE A POST OFFICE BOX)			ON BEACH, FL	325	4	_ 13	
		TOTAL	SIV BEXOLI, LE	- 2005 - 200 - 200 - 200 - 200 - 200 - 2	70	T	
B. If amending the registered agent and	or registered of	fice address on o	ur records enter	the Case the	A the I		
registered agent and/or the new registered o	ffice address her	e:	ur records, <u>enter</u>	NET DE		<u></u>	
Name of New Registered Agent:	N/A					_	
New Registered Office Address:	N/A						
		Ent	er Florida street ad	dress		_	
			, Florida				
		City		Zip Coo	le	_	
N D1-4 1 441- C' - 4 - 10 1 - 1							

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 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM JESSE THOMPSON 121 B BEACH DRIVE ✓ Add FORT WALTON BEACH, FL 32547 Remove KIMBERLY THOMPSON MGRM 121 B BEACH DRIVE ✓ Add **FORT WALTON BEACH, FL 32547** Remove ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A SEPTEMPER 2011 Dated_ ed representative of a member

Page 2 of 2

Filing Fee: \$25.00