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COVER LETTER

TO: Registration Section Division of Corp.			
SUBJECT: THA DBA:	I ENTERPRIS Name of Limit PLANT CITY	ES LLC ed Liability Company HUTDMOTTVE	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	THN ENTERPR	Name of Person LISES LLC TY AUTOMOTIVE Firm/Company	
	2303 JAMES	L. REDMAN PKW Address	4
	PLANT CIT FX dwg 1997	City/State and Zip Code O ADL. COM be used for future annual report notificati	ion)
For further information cor	ncerning this matter, please cal		,
ANTHOMY M. M. Name of	Person	at (<u>&13</u>) <u>754 - 7</u> Area Code Daytime Tel	1106 lephone Number
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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

A. If amending name, enter the new name of the limited liability company here:

THN ENTERPRISES LLC

(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 8/34/3007 and assigned Florida document number L 070000 87439

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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:

Name of New Registered Agent:

ANTHONY M. MENDOLIA

New Registered Office Address:

2303 JAMES L. REDHAN PKWY

Enter Florida street address

PLANT City, Florida 33523

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 605, 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.

Anthory M. Mendella
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Name Address Type of Action** OWNER HOLLY HENDOLIA 2303 JAMES L REDMAN PLUY - Add PLANT CITY FL 33563 Remove _□ Change OWNER/MOR ANTHONY MENDOLIA SAME AS ABOUE ☐ Remove **⊈**Change Change. □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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ffective date, if other than the date of filing an effective date is listed, the date must be specific are lote: If the date inserted in this block does not ocument's effective date on the Department of	d cannot be prior to date of to meet the applicable statu	filing or more than 90 days a	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies a delayed effective The 90th day after the record is filed		ective time, at 12:0	1 a.m. on the earlier of
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ANTHONY M. MEN	adolia	esentative of a mamba-	

Page 3 of 3

Filing Fee: \$25.00