## 108000048894

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fittible #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:
·

Office Use Only



800163355418

1.

12/07/09--01012--016 \*\*25.00



S. HAWKES
DEC - 8 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THOS Trucking LLC  Name of Limited Liability Company
f ·
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Homer L. Bryant Name of Person
THO'S Trucking LLC
35930 A Old Clinton Ave
Dade City, FL. 33525  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  352-807-3292 Cell
Homer L. Bryant at (352) 567.3395 Home  Name of Person  Area Code & Daytime Telephone Number
· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)

**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

THDSTru	eking LLC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number	ty Company were filed on $\frac{5/9/2008}{2008}$ and sesigned	
This amendment is submitted to amend the following  A. If amending name, enter the new name of the		
A. If amending name, enter the new name of the	"."	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	35930 A Old Clinton Ave	
(Principal office address MUST BE A STREET AD	Dode City, FL, 33525	
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:	Homer L. Bryant	
New Registered Office Address:	35930 A Old Clinton Ave Enter Florida street address	
<u></u>	Dade City, Florida 33525 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 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 **Type of Action Title** <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Jew ature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00