

L08 000 117288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

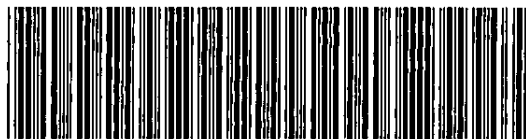
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600178258496

04/28/10--01042--002 **25.00

FILED
10 APR 28 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 30 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thuzi, 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:

ROBIN HOWARD
Name of Person

THUZI LLC
Firm/Company

12000 N. DALE MABRY Hwy STE 270
Address

TAMPA FL 33618
City/State and Zip Code

RHOWARD@thuzi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN HOWARD at (813) 704-0025
Name of Person Area Code & Daytime Telephone 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:

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**

THUZI, 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 12/29/2008 and assigned Florida document number L08000117288.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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:

ROBIN HOWARD

New Registered Office Address:

12000 N. DALE MABRY HWY STE 270

Enter Florida street address

Tampa

City

Florida

33618

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.

Robin Howard
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

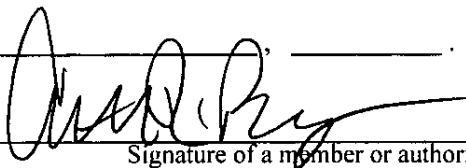
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARTHUR R. BRADY	12000 N. DALE MABRY Hwy STE 270 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSEPH WILLIAMS	12000 N. DALE MABRY Hwy STE 270 TAMPA FL 33618	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES GARY MAY	12000 N. DALE MABRY Hwy STE 270 TAMPA FL 33618	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANTHONY PER BARKETT	12000 N. DALE MABRY Hwy STE 270 TAMPA FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

TALLAHASSEE, FLORIDA
APR 28 2015 11:51
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

ARTHUR R. BRADY

Typed or printed name of signee