

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002462073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number : (850)617-6383 =

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN P

Account Number : I20070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN THOR REAL STATE, LLC

, , ,		
Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

IS. HAWKES

NOV 2 4 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/23/2009

8133396388

NICK SEBUDLIN

M982:1 8005 ES VoN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOR REAL STATE, LLC		
(Name of the Limited Liab	ility Company as it now appears on our r da Limited Liability Company)	records.)
(A Flori	da Limited Liability Company)	d (2)
The Articles of Organization for this Limited Liabilit	v Company were filed on 11/20/2009	E San Zesign
	y Company were fried on	andassigned
Florida document number L09000111957	 '	短いて
This amendment is submitted to amend the following		万里 王 〇
This attendment is submitted to aniend the following	,.	FOR E
A. If amending name, enter the new name of the l	imited liability company here:	9.5 R
THOR REAL ESTATE, LLC		7
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
Institute of the policy of the policy	· · · · · · · · · · · · · · · · · · ·	
	,	
B. If amending the registered agent and/or reg		ds, <u>enter the name of the new</u>
registered agent and/or the new registered office a	<u>ddress here</u> :	
Name of New Registered Agent:		
Name of thew Registered Agent.		
New Registered Office Address:		
	(Enter Floria	la street address)
		Florida
	(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 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)

Page 1 of 2

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:

			Add Remove
	***************************************		Add
	· .		Add
·			FLOOM STATE OF THE
			Add Remove
			Add Remove
If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary,	
***************************************			·
ted	23		

Page 2 of 2