

L10000011868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

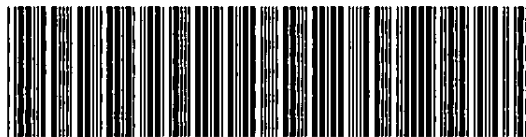
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2010 MAY 10 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY 11 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THUMP ALL DAY, 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:

WILLIAM J. LEONG  
Name of Person

THUMP ALL DAY, LLC  
Firm/Company

13433 SW 66 TER  
Address

MIAMI, FL 33183  
City/State and Zip Code

WILL@THUMPALDAY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM J. LEONG at (305) 915-2772  
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

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THUMP ALL DAY, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIPE ISAZA	2001 BISCAYNE BLVD APT. 2301 MIA, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

CHANGE REGISTERED AGENT NAME  
FROM: WILL LEONG  
TO: WILLIAM J. LEONG

Dated 5/7/10



Signature of a member or authorized representative of a member

WILLIAM J. LEONG

Typed or printed name of signee