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COVER LETTER

TO: Registration Section Division of Corporations	**
SUBJECT: VOLUNTEER THRIFT STORE 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:	
SANDRA GERHARD	
Name of Person	
VOLUNTEER THRIFT STORE LLC	
Firm/Company	
12409 N. FLORIDA AVE	
Address	
DUNNELLON, 7LA. 34433	****
sperhand a att. NRt	: .* i
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call: WORK ###################################	
SANDRA GERHARD 253 UFG -DUM OR UFG-1564	\mathcal{L}
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

(Name of the Limited Linklifes C				
(Name of the Limited Liability C (A Florida Lin	nited Liability Compan	y)		
The Articles of Organization for this Limited Liability Con Florida document number		4-05-8	2011_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Cor	npany," the designatio		
Enter new principal offices address, if applicable:			2013 SEF	
(Principal office address MUST BE A STREET ADDRE	<u></u>		Œ,	
			t	
Enter new mailing address, if applicable:			% <u>8</u>	
(Mailing address MAY BE A POST OFFICE BOX)	 	· ····	1*	
B. If amending the registered agent and/or register registered agent and/or the new registered office addressive of New Registered Agent: New Registered Office Address:	ss here:			
	Enter Florida street address			
	City	, Florida	Zip Code	
	CHV		zip Coae	

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 = ManagerMGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** JAMES V. HARLOW PO BOX 204 Add MGR DUNNELLON, H. 34430 Remove MGR STEPHANIE ROBINSON P.O. BOX 555 Add DUNNELLON, 76, 34430 Remove Remove: Remove

ated 9-05, 30/3. Saulta Oldad. Signature of a member or authorized representative of a member SANDRA GERHARD	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Signature of a member or authorized representative of a member	-	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	_	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	-	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	_	
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Signature of a member or authorized representative of a member	404	9-05 50/3
	a	, <u>2015</u>
		alaulau (Oallud
		Signature of a member or authorized representative of a member
SAN NEA GERATEN		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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