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S. WARREN JAN 18 2018

COVER LETTER

| TO | D: Registration Sec Division of Corp | | | |
|----|---|---|---|---|
| SI | THANKS D | OAD LLC | | |
| | | Name of Limi | ited Liability Company | |
| | | Amendment and fee(s) are sub- | | |
| | · | JOHN WILCOSKY | | |
| | | | Name of Person | |
| | | THANKS DAD LLC | | |
| | | | Firm/Company | |
| | | 8281 SW 128 STREET 1 | 01 | |
| | - | | Address | |
| | | MIAMI, FL 33156 | | |
| | | jbwilco@bellsouth.net | City/State and Zip Code | |
| | | • | to be used for future annual report notific | cation) |
| Fo | r further information co | ncerning this matter, please ca | all: | |
| JC | OHN WILCOSKY | | 786 412-2863 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| En | closed is a check for th | e 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

| THANKS DAD LLC | | | |
|--|---|---|---|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on outed Liability Company) | r records.) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 4/18/2011 | and assigned | |
| Florida document number L11000045615 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited I | iability company here: | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation | on "LLC" or the abbreviation "L.L.C." | - |
| Enter new principal offices address, if applicable: | | | _ |
| (Principal office address MUST BE A STREET ADDRESS | 2 | | - |
| · | 9301 GW 130 CT 101 | MANUEL 2015/ | - |
| Enter new mailing address, if applicable: | 8281 SW 128 ST. 101, | , MIAMI,FL 33136 | - |
| (Mailing address MAY BE A POST OFFICE BOX) | . | | - |
| | | <u> </u> | _ |
| registered agent and/or the new registered office address in Name of New Registered Agent: | <u>nere</u> : | | - |
| New Registered Office Address: | | | |
| | Enter Florida stree | et address | _ |
| | , Florida | | _ |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Age | | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change. | ete performance of my du as provided for in Chapte | ties, and I am familiar with and r 605, F.S. Or, if this document is | |
| | | | |
| | | , i | |
| iro | Changing Registered Agent, Sig | nature of New Registered Agent | |
| Pa | ge 1 of 3 | 7 PH 2 | |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------|---------------------|----------------|
| MGR | WILCOSKY, ROBERT W | 12500 SW 87 PLACE | |
| | | MIAMI, FL 33176 | Remove |
| | | | Change |
| MGR | JOHN B WILCOSKY | 8281 SW 128 ST, 101 | |
| | | PINECREST, FL 33156 | □ Remove |
| | | | Change |
| | | | |
| - | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Change |

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| E. Effect | ive date, if other than the date of filing: |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list |
| docum | ent's effective date on the Department of State's records. |
| | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli |
| (b) The | 90th day after the record is filed. |
| | 1/9/2018 |
| Dated | · · · · · · · · · · · · · · · · · · · |
| | (-1, 0, 0, 0) |
| | Signature of a member or authorized representative of a member |
| | |
| | - <i>U</i> |
| | JOHN B WILCOSKY |
| | JOHN B WILCOSKY Typed or printed name of signee |
| | JOHN B WILCOSKY |