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(Re	equestor's Name)			
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: Thriff	Depot Plus, Name of Limi	ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	Renauda	Abks Name of Person		المجاوات المراد	
	Thrift De	pot Plus, LLC Firm/Company		317 B	-"
	<u> </u>	est Atlantic Blvd	Sute #103	BT 18 PH	
	Pompano		3069		ii Yess
	Renauda Al	City/State and Zip Code COM To be used for Witure annual report notion	fication)		•
For further information con	cerning this matter, please of	call:			
Renauda f	Holes	at (561) 239-31 Area Code & Daytin	ne Telephone Number		
Traine of I	· · · · · · · · · · · · · · · · · · ·				
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 enclose	d) Certified	te of Status &	ed)
MAILIN	G ADDRESS:	STREET/COUR	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thrift Depot Plu	184 LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number \(\begin{align*} \begin	100	09 2012 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia Double LL The new name must be distinguishable and end with the words "Lin"L.L.C."	\mathcal{C}	he designation "LEC" or the abbreviation
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)	43 South F Pompano B	Pompano Parkway Sude#50
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	= Managing Membe	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				- Domava
	 			□ Damaria
				Add Remove
				Remove
				Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
				Addw
D. If ar	nending any other in	nformation, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
Dated _	Sept. 9	, 20	<u>)12</u> .	
		Lew M	er or authorized representative of a member	
		Renaude	Λ	

Page 2 of 2

Filing Fee: \$25.00