L11000144574

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

	Registration Sec Division of Corp			
\$ SUBJECT	THE THOM	IPSON GROUP OF TALLAF	HASSEE, LLC	
SUBJEC	Γ:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		ANDREW L. THOMPSON	4	
		-	Name of Person	
		(DBA) COWBOY'S AUTO	SALES	
			Firm/Company .	
		1614 WEKEWA NENE		
			Address	
		TALLAHASSEE, FL 3230)	
		-	City/State and Zip Code	
		Thompsontall@yahoo.com		
		E-mail address: (1	to be used for future annual report no	tification)
For furthe	r information co	ncerning this matter, please ca	atl:	
ANDREV	W L THOMPSOI	N	850 510-8889	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

THE THOMPSON GROUP OF TALLAHASSEE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on DECEMBER 28, 2011 and assigned Florida document number L11000144574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Labor. 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 16014 Mekewa New Registered Office Address:

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 605, 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.

Changing Registered Agent, Signature of New Registered Agent

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
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		TALLAHASSEE, FL 32301	■ Remove
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Filing Fee: \$25.00