## 1.12000126128

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700306304077

12/07/17--01022--028 \*\*25.00

FILED

2011 DEC -7 PR 1: 07

SECRETARY OF STATE A

K SALY DEC - 8 2017

## **COVER LETTER**

ΓΟ: Registration S Division of Co					
HUPP RE SUBJECT:	TAIL THOMASVILLE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
	ANDREW J HUPP				
		Name of Person	·		
	HUPP RETAIL THOMAS	VILLE, LLC			
		Firm/Company			
	907 S FT HARRISON AV	E, SUITE 102			
		Address			
	CLEARWATER, FLORID	DA 33756			
	City/State and Zip Code SSUCEVIC@EPICDEVCO.COM				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
SUE SUCEVIC		727 210-1900 at ( )			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	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:

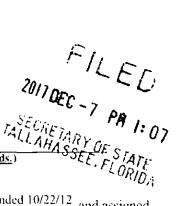
TO:

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



HUPP RETAIL THOMASVILLE, 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 Com	pany were filed on $\frac{10/2}{}$	/12 and amended 10/22/12 and assign	ied
Florida document number 1.12000126128			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	ł liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C	• • •
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register- registered agent and/or the new registered office address  Name of New Registered Agent:		our records, <u>enter the name of</u>	the new
New Registered Office Address:			
		la street address	
<del></del>	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered A		zip Couc	
		and the first of the second	·.J .J
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted agent accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of n nt as provided for in Cl	ny duties, and I am familiar with a hapter 605, F.S. Or, if this docume	ınd
ī.	f Changing Registered Age	nt. 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>	<u>Name</u>	Address	Type of Action
Mgr	Andrew J. Hupp	907 S Ft. Harrison Ave #102	
		Clearwater, Florida 33756	■ Remove
			□ Change
Mgr	Hupp Holdings, LLC	907 S Ft. Harrison Ave #102	
		Clearwater, Florida 33756	Remove
			Change
			D Add
			DECRETARY OF SIARRENGE
			Ren Change
			Add
			Remove
			Change
			□ Remove
			□ Change

_		· · ·			
	•				
_					
_					
_					
_					
		· · ·			7
				THE OF	言で
_				艺术	<del>-2-</del> -
_				75	<u>-                                    </u>
				33.5	
					4 01 5 1 PM
_				,	22 0
					0
_					
_	-				
_					
_					
				-	
_					
		1/1/2017			
Effectiv	e date, if other than the date	of filing:		(optional)	4050307
	ctive date is listed, the date must be sp f the date inserted in this block d				
	nt's effective date on the Departi				
	ord specifies a delayed effe		an effective time,	at 12:01 a.m. on t	he earlier of
the s	90th day after the record i	s filed.	$\alpha$ 1		
,	Sovember 29	2017	//		
Dated _	Sovember 29	··	+ // <b>\_</b>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00