L12000150120

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PICK-UP	WAIT	MAIL
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N. Cumgan JAN 15 2015

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

THORNHILLFX LLC

SUBJECT: I NORNNILLEA LLO

Please return all correspondence concerning this matter to the following:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Denis Thornhill

Name of Person

ThornhillFX LLC

Firm/Company

20200 NW 2nd Avenue Suite#402

Address

Miami Gardens, FL 33169

City/State and Zip Code

thornhillfx@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Israel Bilancieri

954₈₂₅₋₆₅₉₉

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

FILED
2013 JAN 14 PH 12: 00
SECRETARY OF STATE

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(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	ity Company were filed on 12/04/201	2 and assigned
Florida document number <u>L12000150120</u>	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	1	40,000
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da 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 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 = Manager MGRM = Managing Member

Title -	Name	Address	Type of Action
MGRM	Denis R Thornhill	20200 NW 2nd Avenue	Add
		Suite #402	Remove
•		Miami Gardens, FL 3316	9
MGR	Mariam B Stoyko	20200 NW 2nd Avenue	
		Suite #402	Remove
		Miami Gardens, FL 3316	9
MGRM	Miriam B Stoyko	20200 NW 2nd Avenue	_ 🗸 Add
		Suite #402	Remove
		Miami Gardens, FL 33169)
MGR	Israel Bilancieri	20200 NW 2nd Avenue	Add
		Suite #402	Remove
		Miami Gardens, FL 33169)
			Add
			Remove
			_
			Add
			Remove
			_

D. If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
Israel Bilancieri N	MGR is authorized to open a bank account for the company
•	
•	
·	
December 04	2012 / //
Dated	
	Signature of a member of durative of a member
	Denis Thornfill
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

