

L13000108717

(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:

per memo.

Office Use Only



300252724333

10/25/13--01012--017 **30.00

FILED

13 OCT 25 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:24pm OCT 28 2013

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Third Street Holding, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Thomas McNeice

Name of Person

Third Street Holdings, LLC

Firm/Company

2852 20th Avenue North

Address

Saint Petersburg, FL 33713

City/State and Zip Code

thomasmcneice@gmail.com

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

For further information concerning this matter, please call:

Thomas McNeice

Name of Person

at (727) 565-0931

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**

Third Street Holdings, 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 August 1, 2013 and assigned
Florida document number L13000108717.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2852 20th Avenue North

Saint Petersburg, FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2852 20th Avenue North

Saint Petersburg, FL 33713

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:

New Registered Office Address:

2852 20th Avenue North

Enter Florida street address

Saint Petersburg

City

Florida 33713

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dean Marshlack	2852 20th Avenue North	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL	<input type="checkbox"/> Remove
		33713	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 13 OCT 25 PM 1:56
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 18, 2013.



Signature of a member or authorized representative of a member

Thomas McNeice

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 25 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA