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## **COVER LETTER**

TO: Registration S Division of Co			
Thurber	, Rudd & Voight, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	•	
	John Thurber	•	
		Name of Person	
	Thurber , Rudd & Vo	oight, LLC	
		Firm/Company	
	497 Serenoa Road,	unit 1	
		Address	<del></del>
•	Santa Rosa Beach,	FL 32459	
		City/State and Zip Code	
	thurberTRV@aol.cor		
For further information	E-mail address: ( concerning this matter, please c	(to be used for future annual report notification)	A THE RESERVE TO THE
Steven Rudd		850 381-4494	Ext. William
Name	of Person	Area Code Daytime Teleph	one Number 58 72 7
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 classee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thurber, Rudd & Voight, LLC		
. (Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000122136	were filed on 08/04/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Thurber & Voigt, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the ab	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	497 Serenoa Road, Unit 1	
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach, FL 32459	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered o	497 Serenoa Road, Unit 1 Santa Rosa Beach, FL 32459	THAR 23 PM 22: 17 of the new control of the new con
registered agent and/or the new registered office address her		ine mante of the ne
Name of New Registered Agent:		
New Registered Office Address:		· .
	Enter Florida street address	
	, Florida	7: 0 1
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address** Type of Action **Title** Name Steven Rudd 497 Serenoa Road AMBR □ Add Santa Rosa Beach, FL 32459 ■ Remove \_□ Add ☐ Remove □ Add ☐ Remove AR 2000 ve □ Add □ Remove ☐ Add ☐ Remove

If amending any other information, enter ch		
	<u> </u>	
The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen	te of receipt or filed date and ca	(optional) nnot be more than 90 days after
The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen	te of receipt or filed date and ca	(optional) nnot be more than 90 days after
Effective date, if other than the date of filing The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen Dated  March 13	te of receipt or filed date and cau at of State)	(optional) nnot be more than 90 days after
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department Dated March 13	te of receipt or filed date and cau at of State)	nnot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

