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J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THRACIANS, 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:

EVELYN PARKES
Name of Person
EVELYN PARKES, CPA, P.A.
Firm/Company
420 CLEMATIS STREET, 2ND FLOOR
Address
WEST PALM BEACH, FL 33401
City/State and Zip Code
PARKES@PARKESCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN F. PARKES at 561 366-9250
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

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THRACIANS, LLC

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	EVELYN F. PARKES	420 CLEMATIS ST., 2ND FLOOR	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMRE S. ORAL	420 CLEMATIS ST., 2ND FL	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEREM ORAL	420 CLEMATIS ST., 2ND FL	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 3, 2015

W. D. Miller

Signature of a member or authorized representative of a member

EVELYN F. PARKES

Typed or printed name of signee