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COVER LETTER

TO: Registration Section
Division of Corporations

TWO FRIENDS OF NORTHWEST FLORIDA, 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:

	Michael Wm Mead			
		Name of Person		
	Mead Law Firm			
		Firm/Company		
	24 Walter Martin Road NI	3		
		Address		
	Fort Walton Beach, Florid	a 32548		
	-	City/State and Zip Code		
•	Tami@meadlawfirm.com		7.3	
	E-mail address: (to be used for future annual report notifi	cation)	-17
For further information c	oncerning this matter, please c	all:	14/22 do	[7
Merle Thumma		850 830-9800 at ()	11 de 12 de	Ċ
Name o	f Person	Area Code Daytime	Telephone Number	-
Produced is a shoot family	ha fallawing amount		•	
Enclosed is a check for the	ne 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

ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO FRIENDS OF NORTHWEST FLORIDA, 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 <u>June 4, 20</u>15 and assigned Florida document number _____L15000098335 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Merle Thumma Enter new principal offices address, if applicable: 57 Warwick Drive (Principal office address MUST BE A STREET ADDRESS) Shalimar, Florida 32579 Merle Thumma Enter new mailing address, if applicable: 57 Warwick Drive (Mailing address MAY BE A POST OFFICE BOX) Shalimar, Florida 32579 B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, 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	Merle Thumma	57 Warwick Drive	■ Add
		Shalimar, Florida 32579	□ Remove
			□ Change
MGR Craig J. K	Craig J. Kruse	Post Office Box 519	
	•	Destin, Florida 32540	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove T
			Add G
			□ Remove
			Change
			Remove
			□ Change

		
		
ffective date, if other than the an effective date is listed, the date mutote: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statute	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.020 tory filing requirements, this date will not be listed as
e record specifies a delaye The 90th day after the rec	d effective date, but not an effe ord is filed.	ective time, at 12:01 a.m. on the earlier o
September 2	2015	··
	111	
· //	I/I	
	Signature of a member or authorized repre	esentative of a member
Merle Thumma	Signature of a member or authorized repre	esentative of a member

Page 3 of 3

Filing Fee: \$25.00