## L150001 70085

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## $\underset{\cdot}{\mathbf{COVER}}\underset{\cdot}{\mathbf{LETTER}}$

TO:	Registration Se Division of Cor			
SUBJE		UIDIO AT THE THOMPSON	ILLC	
SOBJE.	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MICHAEL I BERNSTEIN	ſ	
			Name of Person	
		THE BERNSTEIN LAW I	Name of Limited Liability Company  Int and fee(s) are submitted for filing. Incerning this matter to the following:  AEL I BERNSTEIN  Name of Person  ERNSTEIN LAW FIRM  Firm/Company  SISCAYNE BLVD, SUITE 403  Address  It, FL 33137  City/State and Zip Code  EL@BERNSTEIN-LAWFIRM.COM  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (	
		***************************************	Firm/Company	
		3050 BISCAYNE BLVD,	submitted for filing.  ter to the following:  EIN  Name of Person  W FIRM  Firm/Company  D, SUITE 403  Address  City/State and Zip Code  EIN-LAWFIRM.COM  ss: (to be used for future annual report notification)  se call:	
			Address	
		MIAMI, FL 33137		
			City/State and Zip Code	
		<del>-</del>		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all;	
МІСНА	EL I BERNSTE	IN		
	. Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURIE	ED ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on 07/31/2015	and assigned
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ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
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Enter Florida street address	
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	ed liability company here; ed Liability Company," the designation "LLC" or th

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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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effective date is listed, the date must be specific and cannot be prior to date		
te: If the date inserted in this block does not meet the applicable stument's effective date on the Department of State's records.	atutory filing requirements, this date will not be	listed a
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record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the ea	rlier
he 90th day after the record is filed.		
1. INP. 18-00 2015		
ed MORMBOZ 30, 2015.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00