

LI5000179466

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(Address)

(Address)

(City/State/Zip/Phone #)

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State of Maryland
Department of Assessments and Taxation



T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THOMAS & THOMAS CUSTOMS, 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:

GREGORY L. THOMAS

Name of Person

THOMAS & THOMAS CUSTOMS, LLC

Firm/Company

1630 14TH AVEUE SOUTH

Address

SAINT PETERSBURG, FL 33712

City/State and Zip Code

THOMAS.THOMASCUSTOMS@GMAIL.COM

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

For further information concerning this matter, please call:

KEITH D. HARRIS

727 327-2524 EXT 1001
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

THOMAS & THOMAS CUSTOMS, 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 10/21/2015 and assigned
Florida document number L15000179466.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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 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>
MBR	LEAUNTAE COBB	4925 EMERSON AVENUE S	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CHONTELL MOSLEY	2546 6TH AVENUE S	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 State of Florida
 Department of Banking & Finance
 Division of Consumer Protection
 Tallahassee, Florida 32304-0001
 (904) 498-0000

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FBI - ALBANY

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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.

(b) The 90th day after the record is filed.

Dated NOVEMBER 11 2018

Signature of a member or authorized representative of a member

GREGORY L. THOMAS

Typed or printed name of signee