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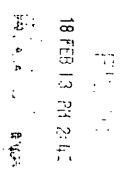
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

Division of Co Thomas C	•		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Thomas Caffrey		
		Name of Person	
	Thomas Caffrey LLC		
		Firm/Company	
	1285 Vanderbilt Dr		
		Address	
	Ormond Beach FL 32174		
	Name of Limited Liability Company If Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Thomas Caffrey Name of Person Thomas Caffrey LLC Firm/Company 1285 Vanderbilt Dr Address Ormond Beach FL 32174 City/State and Zip Code teaffrey@cfl.rr.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		·	ication)
For further information of	concerning this matter, please c	all:	
Thomas Caffrey 386 2909233			
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Caffrey LLC	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on 12/29/2015 and assigned
Florida document number L15000213709	 ·
his amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	imited liability company here:
Thomas Patrick Caffrey Jr LLC	# (M)
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
<u>Principal office address MUST BE A STREET AD</u>	DRESS)
Enter new mailing address, if applicable:	
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	
	gistered office address on our records, enter the name of the
egistered agent and/or the new registered office a	ddress 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>	Address	Type of Action
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an effective date is listed, the date must be spote: If the date inserted in this block d	loes not meet the a	pplicable state	tung or more than utory filing requir	onents, this d	ing.) Pursua ate will no	int to 60: it be list	5.02 ted
ocument's effective date on the Departi	ment of State's rec	cords.					
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The same day area and record .	363.						
February 7th	2018						
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Page 3 of 3

Filing Fee: \$25.00