

| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | ldress) | |
| (Ad | idress) | <u>.</u> |
| . (Ĉit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



07/16/21--01020--004 **50.00



.. COVER LETTER

TO:

| TO: Registration So Division of Co | | | |
|---------------------------------------|--|---|---|
| Tom Bales | & Company, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | |
| | | _ | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Thomas A Bales JR. | | |
| | | Name of Person | |
| | Tom Bales & Company, L | LC | |
| | *** | Firm/Company | |
| | 6121 Seminole Blvd | | |
| | | Address | |
| £ | Seminole, Florida, 33772 | | |
| | | City/State and Zip Code | |
| | Tom@teambalesfl.com | | |
| | | to be used for future annual report notifi | cation) |
| For further information of | oncerning this matter, please c | all: | |
| Thomas A Bales Jr | | 727 458-8731 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| • | | _ | |
| Mailing Address Registration | | <u>Street Address:</u> Registration Sect | tion |
| Division of C | Corporations | Division of Corp | orations |
| P.O. Box 632 | | The Centre of Ta | |
| Tallahassee. | FL 32314 | 2415 N. Monroe Tallahassee, FL | Street, Suite 810 32303 |

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Li | Company as it now appears on our r imited Liability Company) | ecords.) | |
|---|---|---------------------|--|
| The Articles of Organization for this Limited Liability Conflorida document number L16000033613 | npany were filed on February 17. | . 2016 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company here: | | |
| Thomas A Bales JR, LLC | | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation | "LLC" or the abbrev | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE. | <u></u> | | |
| | | | |
| • | | | |
| • | | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o | office address on our records, e | nter the name o | f the new reg |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>e</u> | | |
| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | office address on our records, <u>e</u> | 17 717.2 | PH + + + + + + + + + + + + + + + + + + + |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, e | 171.7 17-11.7 | |
| | Enter Florida street a | 171.7 17-11.7 | PH + + + + + + + + + + + + + + + + + + + |

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| te: If the date inserted in th | must be specific and cannot be p | plicable statutory filing red | (optional) nan 90 days after filing.) Pursuant (quirements, this date will πot b | to 605.020 e listed as |
| cord specifies a delayed effo s filed. | ective date, but not an effecti | ve time, at 12:01 a.m. on th | ne earlier of: (b) The 90th day | y after the |
| July, 15th ed_ | 2021 | | | |
| | 7 -7 | | | |

Typed or printed name of signee