L17000056800

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL.
(Br	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



700306767077

12/21/17--01015--018 ++25.00

TAULANASTICALIS S

COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: Th	e thoryn Name of Limi	Group, LL ted Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Robert	A Bezeau	7
		Name of Person	
		Firm/Company	
	4001 Was	shington St Address	
		Address	·
	Hollywood	FL 3302 City/State and Zip Code	- (
		City/State and Zip Code	
	Vabezea v E-mail address: (t	e be used for future annual report notif	com
For further information co	ncerning this matter, please ca		,
	-		0 9 U A
Name of	Person	$\frac{r}{\text{Atea Code}} = \frac{305}{\text{Area Code}} = \frac{747}{\text{Daytime}}$	Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Thoryn	Group, LLC	
(Name of the Limited L. (A F	Grosp, LLC iability Company as it now appears on our rec lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 3 / 13	
This amendment is submitted to amend the following	ng:	
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 "I	.L.C" or the abbreviation J.L.C. C.
Enter new principal offices address, if applicable	::	130 No.
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		D
Enter new mailing address, if applicable:		9 22
(Muiling address MAY BE A POST OFFICE BO)	<u> </u>	(.,
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
-	City	Zip Code
at the state of 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name Relentless	Address	Type of Action
<u>A M</u> BR	Relentless Recovery Corp	496 NW 7914 St	🗆 Add
		Miami, FL 33150	Remove
		2808 Calica Court	Change
AMBR	Tyler Thoryn	2808 Calico Court Orlando, FL 3282	Z Add
			☐ Remove
			☐ Change
			🗖 Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Charas

							•						
													
									-				
	 .				<u>.</u>						<u></u>		<u> </u>
		_									·	7 DEC	ָרָ רַ <u>'</u>
												—. 3.	7
													:
												三	
												5	
				<u> </u>									
							· ·				- <u>-</u>		
													
ective	date, if oth	er than t	he date o	ffiling	:				1 00	_ (optio	nal)	(05	020
te: If t	ve date is liste he date inse	rted in this	block doe	s not me	eet the a	pplicabl							
ument	's effective	date on the	Departme	ent of St	ate's re	cords.							
recor	d specifie	s a delay	ed effec	tive da	ate, bu	it not a	n effe	tive tin	ne, at 1	2:01 a.	.m. on t	the earlie	er o
	th day af												
ted	12	~	17	,	20	17							
		A	Poles	A	A.	Be	se	on_	A	7			
		•		4			/			-			

Page 3 of 3

Filing Fee: \$25.00