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COVER LETTER

Division of Corporations	•
SUBJECT: D Thomp	Name of Limited Liability Company
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
0	angelo L Thompson Name of Person
<u>D</u>	Thompson Builders LLC Firm/Company
	HTT Broad Creek Lane Address
	City/State and Zip Code
16	Olie. a downson@invertmentproperficofla form E-mail address: (to be used for future annual report polification)
For further information concerning thi	· · · · · · · · · · · · · · · · · · ·
Diangelo Thompo	at (904) 5100 - 5000 Area Code Daytime Telephone Number
Enclosed is a check for the following a	
\$25.00 Filing Fee \$30.00 Certif	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, icate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D Thompso	n Builder	<u>o UC</u>				
(<u>Name of the Limite</u> (7	I Liability Company A Florida Limited Lia	as it now appears on bility Company)	our records.)			
The Articles of Organization for this Limited Lia Florida document number		ere filed on	23/17	ar	nd assig	gned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabili	y company here:				
The new name must be distinguishable and contain the wo	·	Company," the design	ation "LLC" or the a	bbreviati	on "L.L	C."
Enter new principal offices address, if applica	•					
(Principal office address MUST BE A STREET	ADDRESSI]- , -]- , -]- ,	7 HB	
Enter new mailing address, if applicable:				12 m	-70 -⇔	
(Mailing address, MAY BE A POST OFFICE BOX)				99 - 93 - 4 93 - 4	***	*t
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered officice address bere:	ce address on ou	r records, <u>ente</u>	2	SE SE O	of the nev
Name of New Registered Agent:		o L Thon	1000 n			
New Registered Office Address:		OLThom Broad Cre Enter Florida s	ircei aaaress			
	Jackson	ville City	, Florida _	329	218	
		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 **Title** <u>Name</u> **Address** Type of Action Chris Funk 1477 Broad Creek Land DAdd AMBR Vachesonuille FL 32218 Kremove _□ Change 1477 Broad Creek Lane XAdd Diangelo Thompson Jacksonville FL 32218 Remove _□ Change ☐ Remove **□** to thange □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

										
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Filing Fee: \$25.00