## 117000105009

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## **COVER LETTER**

	gistration S vision of Co				
SUBJECT:	THOMAS	PUGH PROPERTIES LLC	1		<b>20</b>
SOBJECT,		Name of Lir	mited Liability Company	-	RECE 2017 JUL 21 SECRLIAN ALLAHASS
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing. 1		<b>m</b> .
Please return	all correspo	ondence concerning this matter	r to the following:		AHL: #6
		THOMAS J PUGH	l		DF S
			Name of Person	. <u>.                                   </u>	_
		THOMAS PUGH PROPE	ERTIES LLC		
			Firm/Company		<del>_</del>
		8152 TANTALLON WA	Υ	  -	
			Address		<del>-</del>
	•	TRINITY FL 34655			
			City/State and Zip Co	de	-
		tompughsellsfl@gmail.com		<del> </del>	
		E-mail address: (	to be used for future ann	ual report notification)	
For further in	formation c	oncerning this matter, please c	ali:	1	
THOMAS J	PUGH		720 at ( )	289-0771 	
	Name of	f Person	Arca Code	Daytime Telephone Numbe	1000年11
Enclosed is a	check for th	ne following amount:			第39回
≅ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is	enclosed) Certifica	ite of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registi Divisio Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMAS PUGH PROPERTIES 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 MAY 11, 2017	and assigned
Florida document number L17000105009		<u>.</u>
This amendment is submitted to amend the following	i e	
A. If amending name, enter the new name of the li	mited liability company here:	
THOMAS PUGH LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		<del></del>
Enter new mailing address, if applicable:	·   ·	•
(Mailing address MAY BE A POST OFFICE BOX)	1	
B. If amending the registered agent and/or reg	istered office address on our records, ent	er the name of the new
registered agent and/or the new registered office ad	dress here:	
		- <u> </u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	ı	
	Enter Florida street address	
	, Florida	-
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	50 P
hereby accept the appointment as registered agen	t and agree to act in this capacity. I further a	agree to comply with the
provisions of all statutes relative to the proper and	complete performance of my duties, and I an	n familiar with and
accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	ed office address, I hereby confirm that the i	r, if this document is limited liability
, , ey.ca in mining by inis change	•	
	ı	

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> Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Remove □ Change □ Add ☐ Remove ☐ Change Remove [1] \_\_ Change □ Add ☐ Remove

☐ Change

If amending any other inform			,, , ,
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	t be specific and cannot be prior to ock does not meet the applical	date of filing or more than 90 days:	eptional) after filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies a delayed The 90th day after the reco	l effective date, but not	an effective time, at 12:0	1 a.m. on the earlier of
Pated 11/1/17	. 2017	,	
-	11/1		JEL 31 P
<del>/</del>	Signature of a member of authori	zed representative of a member	P
	( ,		
	Than	1 Purity 12	
	Thomas Typed or printed	name of signee	22

Filing Fee: \$25.00