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## **COVER LETTER**

ТО:		istration Sedision of Corp						
SUBJEC		Thornton E	equity Group					
30137.	C1.	Name of Limited Liability Company						
The encl	losed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn	all correspo	ndence concerning this matter	to the following:				
			Diondria Thornton					
			Thornton Equity Group	Name of Person				
				Firm/Company				
			4199 Maya Cay Ln					
				Address				
			33458					
			thorntonequitygroup@gm	City/State and Zip Code ail.com				
			E-mail address: (	to be used for future annual	report notificat	ion)		
For furth	her in	iformation co	oncerning this matter, please ca	all:				
Diondri	ia Th	ornton		707 67	33490	•		
		Name of	l Person	Area Code	Daytime Te	lephone Number		
Enclosed	d is a	check for th	ne following amount:					
□ <b>\$</b> 25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			ING ADDRESS:		F/COURIER	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thornton Equity Group		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.)  onlity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L17000197729	ere filed on 9/25/17 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Thornton Equity Group, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter the i	name of the nev
Name of New Negistered Algent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am famili ovided for in Chapter 605, F.S. Or, if thi	ar with and s document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	se specific and cannot be prior to k does not meet the applicab		
ne record specifies a delayed of The 90th day after the recor		an effective time, at 1	12:01 a.m. on the earlier of
Dated	2018	_·	
	ignature of a member or authori		
	4	7- 1 =	

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Filing Fee: \$25.00