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18 JUL-9 PH 2: 10

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COVER LETTER

	Registration Sec Division of Corp		•	
end æz	9 9 48 Thorn	Glen, LLC		
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Jasmine Barkum		
			Name of Person	
			Firm/Company	···-
		3225 McLeod Drive, Suite	100	
		-	Address	<u>-</u>
		Las Vegas, Nevada 89121		
			City/State and Zip Code	
		jbarkum@andersonadvisors	.com to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	·	cuiton,
Jasmine	Barkum		800 706-4741at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
■ \$25.6	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

18 JUL -9 PH 2: 10

9448 Thorn Glen, 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 Co	ompany were filed on 11/7/2017	and assigned	
Flotida document number L17000229867	· 		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
9488 Thorn Glen, LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional environments and the new Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	orida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	1 Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agong filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, an gent as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is	
	If Changing Registered Agent, Signature o	f New Registered Agent	

or removed from our records: FILED MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

			
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Effective date, if other than t	he date of filing:		(optional)
ian effective date is listed, the date r	must be specific and cannot be prior block does not meet the applic	r to date of filing or more than 9 cable statutory filing require	(Optionar) 0 days after filing.) Pursuant to 605,0207 (ments, this date will not be listed as th
locument's effective date on the			
	ved effective date, but no	ot an effective time, at	12:01 a.m. on the earlier of:
e record specifies a delay The 90th day after the r	ecord is filed.		
The 90th day after the r	record is filed.	·	
The 90th day after the roated June 25	ecord is filed.		
The 90th day after the roated June 25	record is filed.		hur.

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Typed or printed name of signee

Filing Fee: \$25.00