117000256319

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OIVISION OF CORPORATION

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то:	Registration Se Division of Cor			
SUBJE		R & THROWER, LLC	·	
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LARRY SIMS		
			Name of Person	
		DORAN, SIMS, WOLFE	& CIOCCHETT	
			Firm/Company	
		1020 W INTERNATIONA	AL SPEEDWAY BLVD	
			Address	
		DAYTONA BEACH, FL.	32114	
			City/State and Zip Code	
		lsims@doranlaw.com		
		E-mail address: (to be used for future annual report notif	fication)
For furt	her information co	oncerning this matter, please ca	all:	
Larry S			at () 253-1111 Area Code Daytime	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ic 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

THROWER & THROWER			
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000256319	and assig	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.	<u>~</u>
Enter new principal offices address, if applicable:	1590 SHERRIS LANE	5	AISIA 33S
(Principal office address MUST BE A STREET ADDRESS)	HOLLY HILL, FL 32117	A	27. 27.
		50	3.5.
Enter new mailing address, if applicable:	1590 SHERRIS LANE	AH =	OF STAIL
(Mailing address MAY BE A POST OFFICE BOX)	HOLLY HILL, FL 32117	0.5	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of	the nev
	. Florida		
	City	Zıp 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 □ Add ___

Remove _____ Change ___ 🗆 Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add _□ Remove _□ Change □ Add _□ Remove □ Change ____ □ Remove

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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and ock does not r	d cannot be prior meet the applic	to date of filing able statutory	gor more than 90 de	(optional) ys after filing.) Purs nts, this date will	uant to 605. not be liste	.0207 ed as
ne record specifies a delayed The 90th day after the reco	effective ord is filed.	date, but no	ot an effecti	ive time, at 12	2:01 a.m. on t	he earlie	er of
Dated MAY 23		2018					
i (~111)	(x, x, x)	8/11/1					
- TXW	Signature of a	member or auth	orized represent	tative of a member	<u></u>		

Page 3 of 3

Filing Fee: \$25.00