L180000 53729

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
☐ PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	me)
/Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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DEC 1 7 2020 S. YOUNG



COVER LETTER

TO: Registration Section

Division of (Corporations			
DANNI SUBJECT:	THOMPSON INTERNATIONA		,	
30b3EC1.	Name of Lir	mited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
	DANNI P THOMPSON			
		Name of Person		
	HERDIVINEYOGA			
	 	Firm/Company		
	14332 DURBIN ISLAND	WAY		
		Address		
	ST JOHNS FL 32259			
		City/State and Zip Code		
	DANNIPTHOMPSON@G			
	E-mail address:	(to be used for future annual report no	tification)	
For further informatio	n concerning this matter, please o	eall:		
DANNETHOMPSON		904 718-3812 at ()		
Name of Person			ne Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 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 Add		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DANNI THOMPSON INTERNATIONAL LLC

any as it now appears on our records.) Liability Company)
Liability Company) Were filed on FEBRUARY 28, 2018 2 and assigned
oility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
14332 DURBIN ISLAND WAY
ST JOHNS FL 32259
address on our records, enter the name of the new registere
Enter Florida street address
Enter Florida street address , Florida

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 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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
		· 	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated NOVEMBER 9 2020 Signature of a member or authorized representative of a member DANNLP THOMPSON

Typed or printed name of signee

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