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Certified Copies	_ Certificates	of Status
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M. MILLIGAN APR 1.7 2018

# **COVER LETTER**

TO: Registration Section Division of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
3111 6 alimoré DR
Tallahassee: FL 32.385 City/State and Zip Code
E-mail address: (to be used fortuture annual report notification)
Name of Person at (305) 494-3155  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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**

-/-	ILED
LACIN BUSH	17 0
PALURETA	PH 2:01
ds.)	TE STATE

Thom & Company LLC	SEURETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	D FINAL
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/22/2018}{\text{Elorida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited 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 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 address on our records, registered agent and/or the new registered office address here:	, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	7
	orida
City	Zip 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 fur.	than agree to comply with the

## 1

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:			
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tawana Thompson	3111 Galimore Dr	□ Add
		Tallahassee, FL 32305	□ Remove
			■ Change
Mgr	Kelvin J. Davis	3111 Galimore Dr	Add
		Tallahassee, FL 32305	□ Remove
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If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	we date, if other than the date of filing: $3/22/2018$ (optional)		
f an effo <u>Note:</u> I	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs f the date inserted in this block does not meet the applicable statutory filing requirements, this date will int's effective date on the Department of State's records.	nant to 605 not be liste	.0207 (3 ed as th
	is a creening date on the Department of State 3 records.		
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	 :he earlie	er of:
ine:	90th day after the record is filed.		
Dated _	·		
	2	2818	
	Signature of a member or authorized representative of a member		
	Taxon The arms	APR 17	नम् इंद्र
	Tawana Thompson 500 Typed or printed name of signee	7 PH	可是(三)
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	Page 3 of 3	<u>*</u> :-	
	Filing Fee: \$25.00		