118000102041

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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COVER LETTER

Division of	Corporations					
THKB SUBJECT:	Investments LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.					
	espondence concerning this matter to the following:					
	Jessica Zehr					
	Name of Person					
	Wetherington Hamilton, PA					
Firm/Company						
	812 W. DR MLK Jr Blvd., Suite 101					
	Address					
	Tampa, FL 33603					
	City/State and Zip Code					
	jzehr9801@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please call:					
Jessica Zehr	813 225-1918 x117					
Nai	ne of Person Area Code Daytime Telephone Number					
Enclosed is a check f	or the following amount:					
■ \$25.00 Filing Fee	E □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

TO:

Registration Section

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

THKB Investments LLC (Name of the Limite)	Liability Compa A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)	
The Articles of Organization for this Limited Lia Florida document number 118000102041				and assigned
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of		ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "	LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applic	ıble:			
(Principal office address MUST BE A STREET ADDRESS)			1521	ē 'm
				
				ω , -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			:	- 1 3 3
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maning auto-			<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o	or registered	office address on our rec ere:	ords, <u>enter</u>	the name of the
Name of New Registered Agent:	Wetherington Hamilton, PA			
	812 W. Dr. N	MLK, Jr. Blvd., Suite 101		
New Registered Office Address:		Enter Florida street	address	
	Tampa	•	_, Florida <u>_</u>	3603
		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 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

MGR = Manager AMBR = Authorized Member					
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action		
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ecord specifies a delayed effective date, but not an e e 90th day after the record is filed.	effective time, at	12.01 8.00	. 011 (1	ic ca.
November S. 2017.	_			
\Rightarrow \sim \sim \sim	_)			
Signature of a member or authorized r				

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Filing Fee: \$25.00