L18000199405

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THP FAMILY, LLC

				Foreign Corp. File	
			✓	L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art. of Amend, File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
			<u> </u>	Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
]	Officer Search	
				Fictitious Search	
nature			l	Fictitious Owner Search	
lattire				Vehicle Search	
				Driving Record	
uested by: SETH	09/10/00			UCC 1 or 3 File	
	$-\frac{08/12/22}{0}$		ļ	UCC 11 Search	
ne	Date	Time		UCC II Retrieval	
k-In	Will Pick Up			Courier	

Art of Inc. File_____

LTD Partnership File_____

Requested by: SETH	08/12/22	
Name	Date	-

W;	alk-In	W
172	Ponder's Printing + Thomasville GA &/DD	

DocuSign Envelope ID: 8AAF3939-68D8-4D50-A96E-BC66D282D67D ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

THP FAMILY, LLC		2022 200 1 2 7.1110: 53
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000199405	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC"	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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• ,

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.

DocuSign Envelope ID: 8AAF3939-68DB-4D50-A96E-BC66D282D67D 11 amerguing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

Title	Name	Address	<u>Type of Action</u>
MGR	THOMAS PONTARELLI	26 CYPRESSWOOD DRIVE SOUTH	🗆 Add
		PALM COAST, FL 32137	
			🗆 Change
MGR	AMANDA H. CHIARIERI	900 DRAKE ROAD	≘Add
		GLENVIEW, IL	🗌 Remove
			🗆 Change
			🗆 Add
			Remove
			□Change
	- <u></u>		🗆 Add
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			🗆 Remove
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			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

DocuSigned by: Likytert

-AD254EDF2DF04C5 Signature of a member or authorized representative of a member

HILARY J. PONTARELLI

Typed or printed name of signee