L18000249240

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	(Requestor's Name) (Address) (City/State/Zip/Phone #) JP	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

Division of Cor				
thibo holdir				
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
	ondence concerning this matter			
	david granados			
		Name of Person		
	thibo holding llc			
		Firm/Company		2019
	1060 WOODCOCK RD S	ΓΕ 128 #22134		APR T
	ORLANDO, FL 32803	Address		FILEU 2019 APR 18 AM 10: 59 ABORE SASSESSIONES
	info@us.office201.net	City/State and Zip Code		910: 59
		to be used for future annual report noti	lication)	
For further information (concerning this matter, please ca			
david granados		507 4910380 at ()	ie Telephone Number	
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Regist	ANG ADDRESS: tration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

thibo holding Ilc	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000249240}{}$.	were filed on 10/23/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liahi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	TO RED
(Mailing address MAY BE A POST OFFICE BOX)	型约 6
	50 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zm 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 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>	Name	<u>Address</u>	Type of Action
john intoci mgr		1060 WOODCOCK RD STE 128	
		#22134	
			☐ Remove
			Change
mgr	CINDY MUDGE BOWEN		D Add
		1060 WOODCOCK RD STE 128 #22134	■ Remove
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			FILED FILED FILED
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			□ Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applica	ible statutory filing re	quirements, this date) 3.) Pursuant to 605.02 2 will not be listed :	197 (as t
e record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time	e, at 12:01 a.m.	on the earlier	of:
ated	2019				

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Page 3 of 3

Filing Fee: \$25.00