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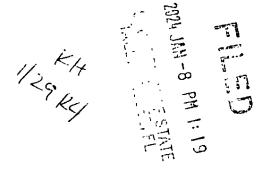
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	THOMAS	MELHORN LLC ited Liability Company	
	Name of Lim	ited Liability Company 7	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	,γ _i	ARY TAMBURELL	0
		Name of Person	
	THO,	MAS MELHORN, LC	C
		Firm/Company	
	935	TOWN HALL AVEN	JUE
	<i>J</i> .	UPITER FL 3345 City/State and Zip Code	18 S. P. M
		homas melhoru. Co be used for future annual report notif	
For further information of	concerning this matter, please ca	dl:	PH C
MARY	TAMBURELLO	at (<u>561</u>) <u>295-</u> Area Code Daytime	57485 PF
Name (or rerson	Area Code Daytine	Telephone Number 71
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	41	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 H1	omas Melhorn LCC	
(<u>Name of the Limite</u>)	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
The Articles of Organization for this Limited Lia	ability Company were filed on	22 , 2019 and assigned
This amendment is submitted to amend the follow	wing:	"LLC" or the abbreviation "L.L.C." enter the name of the new registered
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		2024 - 17
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter th</u> <u>shere</u> :	ne name of the new registered
Name of New Registered Agent:	JOHN M. MELHORN	····
New Registered Office Address:	SAME Enter Florida street address	
		3.4
•	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

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>	Address	Type of Action
MGR	CHRISTIAN J. THOMAS	935 TOWN HALL AVENUE	□Add
		JUPITER, FL 33458	Æ Remove
			□Change
MGR	JAMES CLAYTON THOMAS	935 Town HALL AVENUE	□Add
		JUPITER, FL 33458	Remove
			□Change
			□Add
			S Remove T
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If an effec <u>Note:</u> If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t d.
Dated	JANUARY 4 th 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00