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(Re	equestor's Name)	-
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

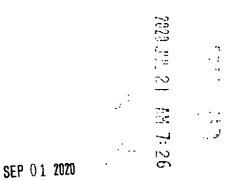
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PLOCINED



S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thomas 4 Construction Name of Limited Liability Company
Prante of Entitled Enablity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benje Thomas Name of Person
Thomas 4 Construction Firm/Company
7765 W Gulf to lake Hwy
Crystal River FL 34429 City/State and Zip Code Denie @SMCFlorida. Com E-mail Address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benje Thomas at (352), 301-9313 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

533

Thomas L	1 Constru	CHON	-	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	7.3
The Articles of Organization for this Limited L Florida document number <u>レ19<i>0</i>00054</u>	Liability Company 1697	were filed on	1/25/2019	and assigned)
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			<u> </u>
			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)	-	<u>-</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Molly	Thomas		.
New Registered Office Address:	4104+ 1	V (M) T (Enter Florida.	() street address	
	Citrus :	Springs	Florida(34433
		V City V	_	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.

Molly Howeld

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> AMBR	Name Molly Thomas	Address 91047 AlChair Terr Cityus Spanas	Type of Action
	177017 0 171017 10-13	9647 NChoir Terr Citrus Springs FL 34433	□Remove
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□ Add
			□Remove
			DChange

. II amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
(If an effect Note: If	e date, if other than the date of filing: 7/10/20 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.	
the record s cord 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 the l.	Ċ
Dated	July 13th 3020. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Benje Thomas Typed or printed name of signee	