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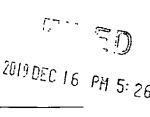
COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Thril	Senker LL	<u>.</u> C	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Share A.	ANTZ Name of Person	
		Firm/Company	
	1435 Bay	1 Shore De Address	
	Miceville	FL 325	<u> 18' </u>
	Stanelant E-mail address: (1	Remso. Com o be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	ill:	
Shane La	NTZ Person		7 - 1637 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filling Fee	2330,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address	

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



Thrill Seaker			2013 DEC 16 PH 5: 26
(Name of the Limited Li	ability Compa	ny as it now appears on our recordability Company)	rds.)
The Articles of Organization for this Limited Liabili	ity Company	were filed on 06/01/2	2019 02 05 116 117 and assigned
This amendment is submitted to amend the followin	ā:		
A. If amending name, enter the new name of the 850 Polyenture, LLC. The new name must be distinguishable and contain the words			
The new name must be distinguishable and contain the words	"Limited Liabil		
Enter new principal offices address, if applicable	:	NA	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>o</u> .·	_N A	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		nddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	ALK		
New Registered Office Address:		Enter Florida street addr	ess
		F	Horida
_		City	Florida 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.

NA
If Changing Registered Agent. Signature of New Registered Agent

If amentling Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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		<u></u>	□Add
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			□Change

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	<u> </u>
Tiee at a day de	Cabourahourahourahoura (matingal)
If an effective date is	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ive date on the Department of State's records.
ne record specifies a	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
7	10 2019 / Al
Dated Dec	10
	Signature of a member or authorized representative of a member
	Stane A. LANTZ
	Typed or printed name of signee

Filing Fee: \$25.0