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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURR & FORMAN LLP Account Number : I19990000278 : (407)540-6600 : (407)540-6601 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG THISTLEWOOD PARTNERS MANAGER, LLC

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ARTICLES OF AMENDMENTS 16 P 2: 22
ARTICLES OF OPCOME ARTICLES OF ORGANIZATION ARY OF CORIDA OF

Thirtlewood Partners Manager, LLC	C		<u> </u>	
(Namo of the Limit	ed Liability Compa (A Florida Limited I	ny as it now oppears on a lability Company)	ur reçorde.)	
The Articles of Organization for this Limited Li	iability Company			and assigned
Florida document number <u>L19 COO 275</u>	06.1			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The now name must be distinguishable and contain the w	rords "Limited Liab!	lity Company," the designa	tion "LLC" or the s	broviation "L.L.C."
Enter new principal offices address, if applicable:		11 Perseverance Street	4	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Mt. Pleasant, SC 2946	54	
		11 Persoverance Street Mt. Pleasant, SC 29464		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our record	ls, <u>entor the nat</u>	ne of the new registered
Name of New Registered Agent:	Androw M. Kl	eiman		
New Registered Office Address:	540 Shepherd	Ave. Enter Florida st	met address	
		Ballet Florida 11		1700
	Winter Park	Clty	, Florida <u>3</u>	Zip Code
New Recipiered Agent's Signature, if changing	Registered Agent	•		

ging ilegistered Agent, Signature of New 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Steven G. Kleiman	11 Porseverance Street, Mt. Pleasant, SC 29464	B Add
			Remove
			□ Change
MGR	Edward J. Klohnan	130 N. Spring Lake Dr., Altamonte Springs, FL 327	;4 □Add
			MRemove
			[]Change
			□Add
			Remove
			Change
			DAdd
			[]Remove
			Change
			[] Add
			DRemove
			□Change
			□Remove
			[] Change

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•	ending any other information, enter change(s) hore: (Auach additional sheets, if necessary.)
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Nota:	(optional) Testive date, if other than the date of filing: Testive 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
i The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	DEC 2nd 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Stovon G. Kleiman, Manager

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