## La000134249

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (National)                              |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |





000350619930

C. GOLDEN AUG 2 0 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

| DATE 8/19/2020         | **WALK IN*   |
|------------------------|--|
| ENTITY NAME ESSIE      |  |
| ENTIT NAME             |  |
| DOCUMENT NUMBER        | <u> </u>   |
|                        | **PLEASE FILE THE ATTACHED AND RETURN**                                      |
| XXXXX                  | Plain Copy   |
|                        | Certified Copy   |
|                        | Certificate of Status  |
|                        |  |
|                        | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**                         |
| <del></del>            | Certified Copy of Arts & Amendments  |
|                        | Certified Copy of Arts & Amendments Complete File (Inclading Annual Reports) |
|                        | Certificate of Status  |
|                        | Certificate of Status Reflecting:  |
|                        | **APOSTILLE' / NOTARIAL CERTIFICATION**                                      |
| DUNTRY OF DESTINAT     | TION   |
| UMBER OF CERTIFICA     | TES REQUESTED  |
| OTAL OWED \$ 25        | ACCOUNT # 120160000072 4:  |
| Please call Tina at ti | he above number for any issues or concerns. Thank you so much!               |

## **COVER LETTER**

| Division of                       | Corporations  |  |  |  |  |  |  |
|-----------------------------------|---|--|--|--|--|--|--|
|                                   | THOMPSON LLC  |  |  |  |  |  |  |
| Name of Limited Liability Company |   |  |  |  |  |  |  |
| The enclosed Article              | es of Amendment and fee(s) are submitted for filing.  |  |  |  |  |  |  |
| Please return all corr            | respondence concerning this matter to the following:  |  |  |  |  |  |  |
|                                   | Mcgan Fuentes   |  |  |  |  |  |  |
|                                   | Name of Person  |  |  |  |  |  |  |
|                                   | ZenBusiness PBC   |  |  |  |  |  |  |
|                                   | Firm/Company  |  |  |  |  |  |  |
|                                   | 5900 Balcones Dr. Suite 5000  |  |  |  |  |  |  |
|                                   | Address   |  |  |  |  |  |  |
|                                   | Austin, Texas, 78731  |  |  |  |  |  |  |
|                                   | City/State and Zip Code<br>fulfillment@zenbusiness.com  |  |  |  |  |  |  |
|                                   | E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |  |
| For further information           | on concerning this matter, please call:   |  |  |  |  |  |  |
| Megan Fuentes                     | 844 493-6249  |  |  |  |  |  |  |
| Nar                               | me of Person Area Code Daytime Telephone Number   |  |  |  |  |  |  |
| Enclosed is a check f             | for the following amount:   |  |  |  |  |  |  |
| ■ \$25.00 Filing Fee              | e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |  |  |  |  |  |  |

TO:

Registration Section

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

2000 \*\*\* 19 #11 7:43

ESSIE THOMPSON LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Califett L   | Jaointy Company)             |  |  |
|---|------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000134249}{1.20000134249}$ . | were filed on 05/18/         | /2020 and assigned                         |  |
| This amendment is submitted to amend the following:   |                              |  |  |
| A. If amending name, enter the new name of the limited liabi  | ility company here:          | :  |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the desig     | gnation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   | <u> </u>                     |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |                              |  |  |
| Enter new mailing address, if applicable:   |                              |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                              |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:             |                              |  |  |
| Name of New Registered Agent:   |                              |  |  |
| New Registered Office Address:  |                              |  |  |
|   | Enter Florida street address |  |  |
|   | , Florida<br>City Zip Code   |  |  |
|   | City                         | Zip Code                                   |  |
| New Registered Agent's Signature, if changing Registered Agent:   |                              |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete. |                              |  |  |

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  |
|--------------|-------------------------|---------------------|-----------------|
| AMBR         | Elizabeth Amelia Bailey | 858 JAMESTOWN DRIVE | □Add            |
|              |                         | ROCKLEDGE, FL 32955 | □Remove         |
|              |                         |                     | <b>≡</b> Change |
|              |                         |                     | □ Add           |
|              |                         | <del></del>         | □Remove         |
|              |                         |                     | Change          |
|              |                         |                     | □Add            |
|              |                         |                     | □Remove         |
|              |                         |                     | □Change         |
|              | -                       |                     | □Add            |
|              |                         |                     | □Remove         |
|              |                         |                     | □Change         |
|              |                         |                     | □Add            |
|              |                         |                     | □Remove         |
|              |                         |                     | □Change         |
|              |                         |                     | □Add            |
|              |                         |                     | □Remove         |
|              |                         |                     | □ Change        |

|  | . <u></u> .                               |  |   |
|--|---|--|---|
|  |   |  |   |
| -  |   | - <u> </u>   | 71111   |
| <u> </u>   |   |  |   |
|  |   |  |   |
| <del></del>  | <del>-</del>                              |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  | <del></del>   |
|  | <del></del>                               | - <u>-</u>   |   |
|  |   |  |   |
|  |   |  | <del></del>   |
| ·  | <del></del>                               |  |   |
| <del></del>  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  | <del></del>                               |  |   |
|  |   |  |   |
|  |   |  |   |
| fective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Department. | k does not meet the applicable            | ate of filing or more than 90 days at a statutory filing requirements, t | otional)<br>fler filing.) Pursuant to 605.0201<br>this date will not be listed as |
| record specifies a delayed effective of is filed.  | late, but not an effective time,          | at 12:01 a.m. on the earlier of:   | (b) The 90th day after the  |
| August 14  | 2020                                      |  |   |
| <del></del>  |   |  |   |
| /s/ Elizabeth Amelia Ba  | niley                                     |  |   |
| /s/ Elizabeth Amelia Ba  | ailey<br>gnature of a member or authorize | d representative of a member   | <del></del>   |

Filing Fee: \$25.00