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COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT:	Thomas Ga	wase, LLC			
	Name of Limi	ted Lidelity Company	1		
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			
	Donne	L. Thomas Name of Person			
	Thomas	Garase, LL	<u>C.</u>		
	101 Dulos	t Street Address			
	Fort Walt	Eity/State and Zip Code	32917		
-	Chvid & H	bown Savase IIC o be used for future annual report notific	ation)	2821	
For further information conc	erning this matter, please ca	ill:	\$2 r	21 AUS	~-{}=
Dali Ca L Name of Pe	Thonas	at (ST) LQ(0- Area Code Daytime	- \$389	, 1	; ·
Enclosed is a check for the f	ollowing amount:		<u> </u>	AH 10: 23	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is et	atus &	

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

Thomas Garase, LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2CCOL39880</u> .	ny were filed on May 22, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	101 Dulott Straton Be	act, fr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 Duloft Str Fret Walton Boar	eet 2, fl 325f7
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address , Florida	10. 23
	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 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> NGL	Name Donna L Thomas	Address 55 Bayus Larding Rd Southa Rosa Back, FL 3249	Type of Action
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Effective date, if otl (It an effective date is liste Note: If the date inse document's effective	erted in this block doe	s not meet the ap	iplicable statuto	2011 ng or more than 90 da ry filing requireme	_ (optional) ays after filing.) Punts, this date wil	ursuant to 60 Il not be lis	5.0207 (3)(b) ted as the
the record specifies a decord is filed.	elayed effective date.	out not an effecti	ve time, at 12:0	l a.m. on the earlie	rof: (b) The 9	0th day afte	er the
Dated Ausu	sf 2	7 . <u>200</u>	<u>~</u>				
	Signan	re of a member or	authorized represe	entative of a member			
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Filing Fee: \$25.00