## L2000 155905

| (Requestor's Name)                      |
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| 2000                                    |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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| TO: Registration S<br>Division of Co |  |   |  |  |
|--------------------------------------|--|---|--|--|
| SUBJECT: The                         | ompson Hau<br>Name of Lim                    | ling and Lunds  | capingLLC  |  |
| The enclosed Articles of             | f Amendment and fee(s) are sub               | mitted for filing.  |  |  |
| Please return all corresp            | ondence concerning this matter               | to the following:   |  |  |
|                                      | <u>Victorio</u> T                            | hompson<br>Name of Person   |  |  |
|                                      | Thompson                                     | nauling and land Firm/Company                                       | scaping LLC  |  |
|                                      | 3634 6th Al                                  | ve South<br>Address   | <del></del>  |  |
|                                      | Saint Peters                                 | by ry, FL 33711<br>City/State and Zip Code                          |  |  |
|                                      | Victorio Thom E-mail address:                | O(on G) 6 mail. Co m<br>to be used for future annual report noti    | fication)  |  |
| For further information              | concerning this matter, please c             | all:  |  |  |
| Victorio 1<br>Name                   | hompson of Person                            | at (727) 278-<br>Area Code Daytim                                   | 9412<br>c Telephone Number   |  |
| Enclosed is a check for              | the following amount:                        |   |  |  |
| S \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fcc,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |  |
| Mailing Addre<br>Registration        | <del></del>                                  | <u>Street Address:</u><br>Registration Se                           | ction  |  |
| Division of Corporations             |  | Division of Corporations  |  |  |
| P.O. Box 6327                        |  | The Centre of T   | allahassee   |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

| Thompson hau   | ling and   | Landscaping                           |                  |
|--|--|---------------------------------------|------------------|
| (Name of the Limite  | ed Liability Company 25<br>(A Florida Limited Liabil | ity Company)                          |                  |
| The Articles of Organization for this Limited Lia  | ability Company were                                 | e filed on <u>() (108/) (</u>         | 20 and a         |
| Florida document number <u>L2000 1555</u>  | 10.5   |                                       | 3                |
| This amendment is submitted to amend the follo   | owing:   |                                       | į                |
| A. If amending name, enter the new name of   | the limited liability                                | company here:                         |                  |
| The new name must be distinguishable and contain the we                                    | ords "Limited Liability Co                           | ompany," the designation "LLC" or the | e abbreviation " |
| Enter new principal offices address, if applica  | able:  |                                       | <del></del>      |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |                                       |                  |
|  | <u></u>  |                                       |                  |
| Enter new mailing address, if applicable:  | _  |                                       |                  |
| (Mailing address MAY BE A POST OFFICE I  | <u>BOX)</u>  |                                       |                  |
|  |  | t-11 +2 = 2   150 - 1                 |                  |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | ~  | ess on our records, enter the n       | ame of the n     |
| Name of New Registered Agent:  |  |                                       |                  |
| New Registered Office Address:   |  | Esta - Elizabet and address           |                  |
|  |  | Enter Florida street address          |                  |
|  |  | , Florida                             | Zin Cod.         |
|  |  | ~ · · ·                               | .ap com          |

## 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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this does being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name              | Address                  | Type  |
|--------------|-------------------|--------------------------|-------|
| MGR          | Victorio Thompson | 3634 6th Ave SO. ST. Per | te WA |
|              |                   | FL 33711                 | □ R   |
|              |                   |                          | DC    |
|              |                   |                          | DA    |
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| D. Hamen                           | ung any other miormation, enter change(s) here: (Anach adamonal sheets, if necessary.)                           |
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| E Effortive                        | e date, if other than the date of filing:(optional)  |
| (If an effect<br>Note: If          | e date, if other than the date of filing:  |
| If the record s<br>record 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 |
| Dated                              | 06/25/2020.  |
|                                    | Witten Jampson MGR Signature of a member or authorized representative of a member                                |
|                                    | Victorio Thompson MGR Typed or printed name of signee  |