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COVER LETTER

TO: Registration Se Division of Cor	porations			
	tomas Remoa	leling LLC		
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_ Fion F	Homas timo	rty W. Titoma	, 2
	TTHOMAS	Renodeling L	<u> </u>	
		tre de.	.	
	BRANDON L'inthoma	FLA. 33516 City/State and Zip Code AS 626, (+ mail	com	
For further information of	E-mail address: (oncerning this matter, please or	to be used for fatare asimals report notice	ication)	
		at (813) 407	- 6016 ETelephone Number	19 T
				4.5
Enclosed is a check for the	ne following amount:			<u> </u>
\$25.00 Filing Fee	☐ \$30.00 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)	5. 8.
Mailing Addres		Street Address:	ation.	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	•	The Centre of T		
Tallahassee,		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link (A Flor	bility Company rida Limited Lis	as it now ap	oears on our ny)	records)	
The Articles of Organization for this Limited Liability Florida document number	/ Company w	ere filed on	June	10	スクスク and assigned	
This amendment is submitted to amend the following:	:					n"LL.C."
A. If amending name, enter the new name of the li	mited liabili	ty compan	y here:			
The new name must be distinguishable and contain the words "L	Limited Liability	у Сотралу," 1	he designation	"LLC"	or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET ADd	DRESS)					
					٠. د	; ;
Enter new mailing address, if applicable:		_				->-
(Mailing address MAY BE A POST OFFICE BOX)						-
		····				— ::
B. If amending the registered agent and/or registe		dress on o	ır records,	enter t	he name of the new regis	<u>iterêc</u>
agent and/or the new registered office address here	<u>e</u> :					3
Name of New Registered Agent:						
						_
New Registered Office Address:		Enter	Florida street	address		_
	, Florida					
		Cuy		_, , , , , , ,	Zıp Code	_
New Registered Agent's Signature, if changing Registe	ered Agent:					
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete p I agent as pr ered office a	erformance ovided for	e of my duti in Chapter	es, and 605, F	d I am familiar with and F.S. Or, if this document	
	If Chang	ing Registere	d Agent, <u>Sig</u> ni	ature of	New Registered Agent	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	TIMOTHY W. THOMAS	1116 Vinvetner de E	Brandon FCA, 33510
			□Remove
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ctiv	e date, if other than the date of filing: (optional) tive 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 60.	
effec e: 11	tive 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 60, The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0. ted
umer	nt's effective date on the Department of State's records.	
cord i filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er i
ed _	11-03. 2020 Linotley W Jhornes Signature of a member or authorized representative of a member	
	Sintles (1) Amas	
	(Virious) W John	

Filing Fee: \$25.00