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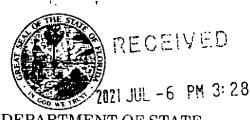
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2021

ERIC THURMAN JR. 7591 W HIGHWAY 98 APT 4B PENSACOLA, FL 32506

"SUBJECT: THURMAN EMPIRE LLC

Ref. Number: L20000172275

We have received your document for THURMAN EMPIRE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000005328.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 621A00013607

www.sunbiz.org

#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
	Name of Entitled Liability Company
The end	 closed Articles of Amendment and fee(s) are submitted for filing.
P <b>ic</b> ase :	return all correspondence concerning this matter to the following:
	Eric Thurman 30 Name of Person
	Firm/Company
	7591 W Highway 98 Apt 4B
	Pensacola/Floring 32506 City/State and Zip Code
	Thurman Emoire Lucia a Mail. com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
· · ·	Eric Thurman 57 at (229) 2571973  Name of Person Area Code Daytime Telephone Number
- /	d is a check for the following amount:  .00 Filing Fee  \$\Bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$  Certificate of Status  \$\text{Certified Copy (additional copy is enclosed)}}  \$\Bigsquare \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}

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

(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>しなりりの17</u>	ity Company were filed on June 22, 2020 and assigned 2275
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	"Limited liability company here:  "Limited liability company here:  "Limited Liability company. use designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable	::
(Principal office address MUST BE A STREET A.	DDRESS)
Enter new mailing address, if applicable: (Mailing)address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	7591 w Highway 94 Apt 4B.
New Registered Office Address:	7591 W +lighwsy 94 Apt 43=
<del>-</del>	Pen59(5)/4 Florida 30506  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

Title !	<u>Name</u>	NA	Address N	A	Type of Action
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Filing Fee: \$25,00