L20000180940

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Edity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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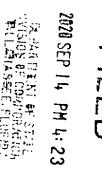
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RECEIVED
JUL 1 4 2020



SEP 14 2020 S. YOUNG



August 26, 2020

SONIA CRUZ SANTOS THRIFT BISH LLC 111 CARRIBBEAN STREET DELTONA, FL 32725

SUBJECT: THRIFT BISH LLC Ref. Number: L20000180940

We have received your document for THRIFT BISH 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 520A00016320

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	egistration Se ivision of Cor			
CHDIECT	Thrift Bish	LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Sonia Cruz Santos		
			Name of Person	
			Firm/Company	
		111 Caribbean St Apt 9		
		·····	Address	
		Deltona, Florida 32725		
		babieface777@gmail.com	City/State and Zip Code	notification)
For further	information c	oncerning this matter, please ca		nonneauni)
Sonia Cru	z Santos		386 2169291	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	9 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)
R	<u>Jailing Addres</u> Registration S Division of C	Section	Street Address Registration Division of 6	
	7.O. Box 632			of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

껆

Thrift Bish LLC		4 B		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	SE SE		
(A Franca Chine)	Macinity Company)	THE THE PARTY OF T		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number <u>L20000180940</u>		温 3 円		
riorida document number				
This amendment is submitted to amend the following:		and assigned		
A. If amending name, enter the new name of the limited liab	ility company here:			
The Dirty Thrift LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	111 Caribbean St Apt 9			
(Principal office address MUST BE A STREET ADDRESS)	Deltona, Florida 32725			
Enter new mailing address, if applicable:	111 Caribbean St Apt 9			
(Mailing address MAY BE A POST OFFICE BOX)	Deltona, Florida 32725			
	<u> </u>			
BI If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:	,			
New Registered Office Address:	<u>-</u>			
	Enter Florida street address			
	Flori			
	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 antending 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
			□Add
			Remove
			☐Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
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ote: If	the date inserte	than the date of the date must be spec d in this block does to on the Departme	s not meet the app	licable statutory fil	more than 90 days affing requirements, the	tional) er filing.) Pursuant to (nis date will not be l	605.0207 listed as
ecord : is filed		ed effective date. b	ut not an effective	e time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day a	ifter the
ated	ıly 9th		. 2020	XMO,	;		
	· · •	Signatur	e of a member of w	uhorized representati	ve of a member		

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