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(Requestor's Name)
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TO:

	Registration Se Division of Co						
SUBJEC		ONE CAPITAL PARTNERS I	TC				
SUBJEC		Name of Lin	nited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Isaac R. Camargo, Jr					
			Name of Person				
			Firm/Company				
		4530-15 ST. JOHNS AVE	#250				
			Address				
		JACKSONVILLE, FL 32210					
		City/State and Zip Code					
For furthe	r information c	E-mail address: (to be used for future annual report no	tification)			
	Camargo, Jr	oncerning this matter, piease c	305 338-3478				
	Name o	f Person	at () Area Code Daytir	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Hailing Addres Registration S		Street Address: Registration Se	ection			
Division of Corporations			Division of Co	Division of Corporations			
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oc Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

2021 NOV 29 AM 7: 32

THIRDSTONE CAPITAL PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/9/2020 ____ and assigned Florida document number 1,20000281077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability companythere: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MICHAEL BRADDOCK	4530-15 ST. JOHNS AVE #250	□Add
		JACKSONVILLE, FL 32210	□Remove
			≡ Change
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			□Remove
			□Change

	The managers of the company are Elenis M. Camargo and Isaac R. Camargo, Jr. No member, including Michael Braddock, shall have the authority to act on behalf of the company						
•							
•	without joinder of one of the managers of the Company.						
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1 e 11 <u>te:</u>	ive date, if other than the date of filing:						
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ed	NOVEMBER 23 2021. Signature of a member or authorized representative of a member						

Filing Fee: \$25.00