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T. MATTHEWS MAR 28 2022

COVER LETTER

то:	Registration Se Division of Con			
	THIRDSTO	ONE CAPITAL PARTNERS L	.C	
SUBJEC	CT:			
		Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ISAAC R. CAMARGO JR		
		THINDSTONE CAUSEAL	Name of Person	
		THIRDSTONE CAPITAL		
		2720 PARK ST	Firm/Company	
			Address	
		JACKSONVILLE, FL 322	05	
		isaac@thirdstoneproperties.	City/State and Zip Code	
			to be used for future annual report notification)	
		oncerning this matter, please c		
ISAAC R. CAMARGO JR) K	305 338-3478	
	Name o	f Person	at () Area Code Daytime Telephone	Number
Enclosed	l is a check for th	ne following amount:		
\sim	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	:

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

221-17 F1 3: 10

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 Florida document number $\frac{L20000281077}{L20000281077}$	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2720 PARK ST			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32205			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2720 PARK ST JACKSONVILLE, FL 32205			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code			

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
MGR	ISAAC R. CAMARGO JR	2720 PARK ST, JACKSONVILLE, FL 32205	
			□Remove
MGR	ELENIS M. CAMARGO	2720 PARK ST. JACKSONVILLE, FL 32205	_
			□Remove
			™ Change
			□Add
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ffective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block does locument's effective date on the Department.	es not meet the app	plicable statu	filing or more that tory filing requ	(option 90 days after firements, this	nal) iling.) Pursuant date will not b	to 605.0207 be listed as
record specifies a delayed effective date, b l is filed.	but not an effectiv	e time, at 12	:01 a.m. on the	earlier of: (b)	The 90th da	y after the
March 14th	2022					
ated	 ·	·				
101						
fin (m)						

Filing Fee: \$25.00