

L20000349048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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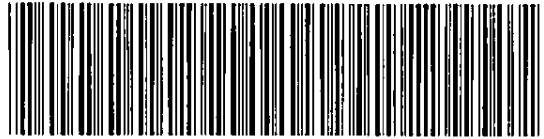
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas A Case, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas A. Case
Name of Person

Thomas A Case, LLC
Firm/Company

2004 98 Palms Blvd UNIT 3201
Address

Destin, FL 32541
City/State and Zip Code

Ctommiboy@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Case at 850 259-6105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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)

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

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

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

Thomas A Case, 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 11/03/2020 and assigned Florida document number L20000349048

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Chirper, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

New Registered Office Address:

SAME

Enter Florida street address

Florida

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.

SAME

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF
STATE
FLORIDA

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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>	<u>Type of Action</u>
		S A M E	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/20/2023 BY SP-10

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO OTHER CHANGES

E. Effective date, if other than the date of filing: SAME AS FILING DATE (optional)

(If an effective 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 605.02(3)(b),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-20-2024



Signature of a member or authorized representative of a member

Thomas A. Case

Typed or printed name of signee

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DEPARTMENT OF STATE
CLERK OF COURTS
CLERK OF SUPERIOR COURT
CLERK OF DISTRICT COURT
CLERK OF PROBATE COURT
CLERK OF JUDICIAL BRANCH

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