## 121000060389

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(Address)
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T. MATTHEWS

NOV - 1 2021

## **COVER LETTER**

TO: Registratio Division of	on Section Corporations				
SUBJECT:	FUII TheOTTL	E SOCIAL	•		
30b3Ec1	Name of Limited I		•		
The enclosed Article	es of Amendment and fee(s) are submitte	ed for filing.			
Please return all corr	respondence concerning this matter to the	e following:			
	John	De Tomasso Name of Person	2		
	Full	Theottle So	ocial		
	5424 N	$\frac{\sqrt{ATTS}}{\text{Address}}$	RRACE		
	PAIM BEA	CM GALDEN ty/State and Zip Code	5 Fi 33418		
	John & E-mail address: (to be	e Full thretoused for future annual report notifi	tlesocial.com		
For further informati	ion concerning this matter, please call:				
<u> </u>	DE I OM A 550 une of Person	at ( <u>567</u> ) <u>52</u> 2 Area Code Daytime	7 - 0042 Telephone Number		
Enclosed is a check f	for the following amount:				
\$25.00 Filing Fo	ce S30.00 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)		
<u>Mailing Ad</u> Registrati	Idress: ion Section	Street Address: Registration Sec	tion		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	ee, FL 32314		Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FULL THROTTLE SOCI29027 22 21 &: 35

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

(A Florida Limited Liability Company) Florida document number <u>L 21000060</u>389 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 \_\_\_\_, Florida \_\_\_\_\_ 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.

City

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 = Ma AMBR = Au	nager thorized Member	g griffer of Arich	
<u>Title</u>	Name	Address 21 001 22 PH 3: 35 Tyr	oe of Action
MGR	John DeTomAsso	Address 5424 CJATTS TERRACE PAIM BEACH GARDENS FL S 33418	Mad
			]Remove
		5424 WATTS TS 11 A 1.5	JChange
MER	KATIE L. TLUSS	FALM BLACH GARDENS FI 33418	]Add
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Affective date, if other the an effective date is listed, the locument is effective date of the date o	date must be specifi n this block does i	c and cannot be pri not meet the appl	licable statutory fi	r more than 90 days a		g.) Pursuant to 605,0207
record specifies a delayed d is filed.	effective date, but	t not an effective	time, at 12:01 a.:	n. on the earlier of	: (b) T	he 90th day after the
pated 10.19.	2/	_, _}	2			
	Day	len (a)	an			
	Signature	of a member or au	thorized representat	ive of a member		<del></del>
	J	OHN D	ETOMA	550		
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