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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

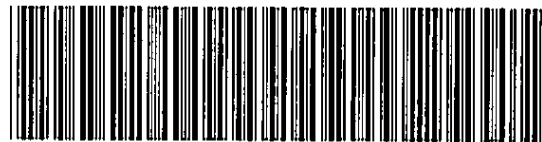
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS DRIVE LAND COMPANY, 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:

SHANNON L WIDMAN

Name of Person

PORATH & ASSOCIATES PA

Firm/Company

1732 W CO HWY 30A #106

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

JPATTON@ALLSTATELEC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON L WIDMAN at (850) 622-0102
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

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

THOMAS DRIVE LAND COMPANY, 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 3/4/2021 and assigned
Florida document number L21000104697.

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 "L.L.C."

Enter new principal offices address, if applicable:

4390 INTERSTATE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

MACON, GA 31210

Enter new mailing address, if applicable:

4390 INTERSTATE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

MACON, GA 31210

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:

SHANNON L WIDMAN

New Registered Office Address:

1732 W CO HWY 30A #106

Enter Florida street address

SANTA ROSA BEACH

Florida 32459

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 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>	<u>Type of Action</u>
AMBR	SCENIC HIGHWAY PARTNERS	91 W WIEUKCA RD NE, STE A2000	<input type="checkbox"/> Add
		ATLANTA, GA 30342	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	POTATO CHIP FACTORY, LLC	1265 US HWY 82 W	<input type="checkbox"/> Add
		LEESBURG, GA 31763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	5917 GULF DRIVE, LLC	4390 INTERSTATE DRIVE	<input checked="" type="checkbox"/> Add
		MACON GA 31210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KINGMAN GROUP, LLC	PO BOX 28890	<input checked="" type="checkbox"/> Add
		MACON, GA 31221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 JULY 14, 2021

Bob Ben
Signature of a member or authorized representative of a member

BRAD BERMAN for Scenic Highway Partners, LLC

Typed or printed name of signee

Filing Fee: \$25.00