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COVER LETTER

TO: Registration Division of C				
SUBJECT:	Thundulid L	viction U.C.		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	0	Name of Person		
		Firm/Company		
	8563 10	St N Apl.	\2	
	St.foten	CitylState and Zip Code		
	E-mail address: (s.d.) . 14. a c !Max. 1. C 15 = 10 be used for futured junual report notifi	cation)	2021 SEP
For further information	n concerning this matter, please co	all:		EP -3
Dob.d Nam	UL Lûng	at (<u>727</u>) <u>543</u> Aca Code Daytime	- 9586 Telephone Number	P -3 AM 7: 46 AHASSIEE, FLE
Enclosed is a check fo	r the following amount:			•
♂\$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate of Certified Co cadditional cop	of Status & opy
Mailing Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.)	
(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 210⁰⁰ 266966</u>	mpany were filed on	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	rd Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRE	ess)	ALL SEP
		<u> </u>
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE BON)		
		<u> </u>
B. If amending the registered agent and/or registered (agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.		<u></u>
New Registered Office Address:	Enter Florida sircet 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.

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>	Address	Type of Action
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		St. Petersbug Fl 33702	
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