## 421000334888

(Re	equestor's Name)			
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2022 APR 29 AM 8: 36 SECRETARY OF STATE

A. BUTLER MAY 1 2 2022

## **COVER LETTER**

Division of Cor			
SUBJECT:	Tromas Ma	LEV LLC ited Liability Company	
	Name of Limi	nea trainity company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Thomas	Mame of Person	
	Thomas	Mayor LL Firm/Company	
	1248 1172 5	Street Unit	2401
	Snraso4a tompto	FL 34236 City/State and Zip Code May f. v 11 C, CD v to be used for future annual report notion	η
For further information co	t:-mail address: (t oncerning this matter, please ca		fication)
	Soncalves	at (443), 253	- 5569 e Telephone Number
Enclosed is a check for th	ne 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 FILED

THOMAS MAYER, LLC

ER, LLC 2022 APR 29 AM 8: 36
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 07/23/2021 AHASSEE, F. Florida document number  $\frac{L21000334888}{L21000334888}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
MGRM	THOMAS MAYER	1268 11TH STREET, UNIT 2401	□Add
		SARASOTA, FL 34236	□Remove
			<b>■</b> Change
		•••	□Remove
			☐ Change
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RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Communication of

Division of Corporations SECRETANT OF STATE TALLAMASSEE, FL

April 19, 2022

THOMAS MAYER 12668 11TH STREET **UNIT 2401** SARASOTA, FL 34236

SUBJECT: THOMAS MAYER LLC Ref. Number: L21000334888

We have received your document for THOMAS MAYER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00009091