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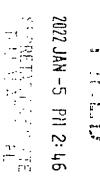
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration S Division of Co					
Thirst T T		• •	. •		
SUBJECT:		nited Liability Company			
	Name of Em	ней глаонну Сопрану			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Lydia Murphy				
		Name of Person			
	Thirst T Trapp LLC				
		Firm/Company	_		
	14555 Falling Waters Driv	e			
		Address			
	Jacksonville, FL 32258				
	thirstttrapp@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti-	fication)	202; S	
For further information	concerning this matter, please c	all:		2022 JAN -5	- ru yı .i
Lydia Murphy		850 221-9852		5	e Rieu C'Estra
Name	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:			16	
□ \$25.00 Filing Fee	5∯\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addre	·ss:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RECEIVED

2022 JAN -5 AM 10: 39 FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE

December 20, 2021

LYDIA MURPHY 14555 FALLING WATERS DRIVE JACKSONVILLE, FL 32258

SUBJECT: THIRST T TRAPP LLC Ref. Number: L21000429815

We have received your document for THIRST T TRAPP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

TERARRA A SIMMONS OPS

Letter Number: 021A00030693

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF

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Thirst T Trapp 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 September 30, 2020 and assigned 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: LYDIA MURPHY Name of New Registered Agent: 14555 Falling Waters Drive New Registered Office 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.

Jacksonville

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida 32258
Zip Code

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
CEO	Lydia Murphy	14555 Falling Waters Drive, Jacksonville, Fl. 32258	= Add
			□Remove
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ective date, if other than the date effective date is listed, the date must be specified in this block doument's effective date on the Department.	oes not meet the applic	cable statutory filing req	(optional) an 90 days after (iling.) Pu uirements, this date wil	rsuant to 605.020 I not be listed :
cord specifies a delayed effective date tiled.	, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90)th day after th
Thursday, December 2 ed	2021	 •		
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