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(Re	questor's Name)	
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bA)	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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A. RIVERS
DEC - 9 2021



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COVER LETTER

TO:

Registration Section

Division of C	orporations		•
SUBJECT:	682.9 Th om A.	S De LLC	
	Name of	Limited Liability Company	,
The enclosed Articles of	of Amendment and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	Thor	Name of Person	
		Name of Person	
	6829	Thomas Dr. LLC	
		Firm Company	
	7 20 <	- Thomas D	D Con
·		Thomas Dr. Address	V-50Z
	<u>tanama</u> C	City/State and Zip Code Of 15 Alliance Res To be used for future annual report no	408
	+ jamps,	a) 15 Alliance Po	alta a
	E-mail address	s: (to be used for future annual report no	tification)
For further information of	concerning this matter, please		
· Thomas	Ames		_ 0
	of Person	at (618) 530 - Area Code Daytin	-3069
		Dayin.	не тегериоле митвег
Enclosed is a check for t	he fallowing amount		
X 825.00 Filing Fee	☐ \$30.00 Filing Fee &	E de la company	
Act as morning rec	Certificate of Status	S55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(motivional copy is citetosea)
<u>Mailing Addres</u> Registration S		Street Address:	
Division of C	orporations	Registration Se Division of Con	
P.O. Box 632 Tallahassee, F		The Centre of T	Tallahassee
rananassee, F	TL 02014	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

*ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent: New Registered Office Address: New Registered Office Address Provide Agent:		MAS De			
bis amondment is submitted to amond the following: If amonding name, enter the new name of the limited liability company here: If amonding name, enter the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" at the abbreviation "LLC" at the abbreviation "LLC" at the new principal office address, if applicable: Inter new principal office address MUST BE A STREET ADDRESS) If amonding the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florate saccet address Florida Registered Agent's Signature, if changing Registered Agent: Proby: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with withints of all statutes relative to the proper and complete performance of my dattes, and I am finited limited limited limited liability against here notified in writing of this change.	(Name of the Limited)	Liability Company Florida Limited Lia	as it now appear bility Company)	rs on our records.)	
If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Inter new principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florate street address			ere filed on	10/18/20	2/ and assigned
ther new name must be distinguishable and contain the words "Limited Etability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS) Inter new mailing address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: New Registered Office Address: Plorida New Registered Office Address: Plorida New Registered Agent: New Registered Agent:	his amendment is submitted to amend the followi	ng:			
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	evisions of an standes relative to the proper arecept the obligations of my position as registere ring filed to merely reflect a change in the regis	ut complete per ed agent as prov tered office add	Jormance of r vided for in Cl	ny duties, and La Japan 605 E.S.	am familiar S ith and
It Changing Registered Agent, Signature of New Registered Agent		It Changing	Registered Ager	it. Signature of Nav	Pegisturad 1

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
AMBR	Thomas m. James Ja.	7205 Thomas Dr. 2-502	_ X 4dd
		Panama City Beech, FL. 32408	
			_ =Change
			_ = Add
			_ ⊡Remove
			_ = Change
			_ TAdd
			_ □Remove
			_ = Change
			_ □Add
			_ □Remove
			_ TChange
			_ TAdd
			□Remove
			_ =Change
			_ TAdd
	-		□Remove
	_		Changa

D. H amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If the	ate, if other than the date of filing:
the record specord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 18th 2021 Thomas James
_	Agnature of a member or authorized representative of a member
	Thomas James JR.
	Typed or printed name of signee

Filing Fee: \$25.00