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SECRETARY OF STAL

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COVER LETTER

TO: Registration S Division of Co				
THOMPS SUBJECT:	ON'S LAND MANAGEMEN"	LTLC		
ACDSTA, I.	Name of Lis	mited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	JESSICA POSEY CPA			
		Name of Person		
	JESSICA POSEY CPA P	Α		
		Firm Company		
	2950 HARVEST RD			
		Address		
	JAY, FL 32565			
		City/State and Zip Code		
	JESSICA.POSEY@YAHC			
For further information	t-mail address: concerning this matter, please c	(to be used for future annual report no	tification)	
To turner morniagon (concerning this matter, picase c	:a41;		
JOSHUA THOMPSON		850 686-5440 at()		
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addres</u> Registration S	_	Street Address: Registration Sc	vetion	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMPSON'S LAND MANAGEMENT	LLC	
(<u>Name of the Limited Lia</u> (A Flo	pility Company as it now appears on our records. (ida Limited Liability Company)	1
The Articles of Organization for this Limited Liability	Company were filed on 10/22/2021	and assigned
Florida document number 1.21000460920	······································	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the h	mited liability company here:	
The new name must be distinguishable and contain the words "I		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
		20 TAL
Enter new mailing address, if applicable:		23 X
(Mailing address MAY BE A POST OFFICE BOX)		AY HAS
		SET SET
15. 16		7 3 1
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter th</u>	e name of the new registere
	·	DA
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Flori	da_
	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

Title	Name	Address	Type of Action
MGR	TY CHRISTIAN COCHRAN	6565 Tidal Bay Dr	□Add
		Milton, Fl. 32583	
		***************************************	□Change
			□Add
			□Remove
			□Change
			
			□Remove
			☐ Change
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Effective date, if other than the dat If an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depar	JOCS NOT MEET THE A	policable statu	iling or more than 90 da ory filing requireme	_(optional) ays after filing.) Pursuar nts, this date will not	nt to 605,0207 (, be listed as t
e record specifies a delayed effective da- rd is filed.	e, but not an effect	ive time, at 12:	01 a.m. on the earlie	r of: (b) The 90th d	ay after the
Dated MAY 22	. 2023	··			
J. Mayam Sign	ature of a member or	authorized repre	sentative of a member		
\mathcal{O}					

Filing Fee: \$25.00