LZZ0000088681

(Re	questor's Name)	 	_
(Ad	dress)		_
(Ad	dress)		_
(Cit	y/State/Zip/Phone #)		_
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name)	<u> </u>	-
(Do	ocument Number)	<u>.</u>	-
Certified Copies	Certificates of	Status	
Special Instructions to Fil	ling Officer:	<u> </u>	7
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2023 MAY -5 PM 2 2



NW -5 2023

COVER LETTER

TO: Registration So Division of Cor		,	
SUBJECT:		LOWARD LI ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Hough (Sindy Hou	ward
		Firm/Company	<u> </u>
	700 Rive	eside D2.	.
	ORMOND Sentargos E-maikaddress:	Beach FL City/State and Zip Code	32176
	Sen LA-190 a E-maikaddress: (i	DOS OGNATO to be used for future innual rep	ort notification)
For further information e	oncerning this matter, please co		
Civily H	DWAFA Person	at (<u>443</u>) <u>75</u> Area Code	76-2882 Daytime 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 enclose	S60,00 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

Thur And (Name of the Limited L.) (A)	iability Company as it now appears on or lorida Limited Liability Company)	2023 H. J. J. PH (2)
The Articles of Organization for this Limited Liabil		12022 and assigned
Florida document number <u>L 22 p000 88</u>	631	
This amendment is submitted to amend the following	ոց։	
A. If amending name, enter the new name of the		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BO.	<u>v</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida str	oct address
	_	, Florida
-	City	, Florida 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>	Name	Address	Type of Action
MGR	Thomas Thur	478 White Cedar LAN SEVERNABER, MD 21146	□Add ! e ! X Remove
			🗆 Change
U.c.D	Christing R. Thur	1221 V31- Code 1 1 1	□ Add
HGR	CARISTINA K. INUK	478 White Cedar LAN Severna Park, HD 21146	ixiRemove
	·		□Change
HGR	JOHNY CLAIK	341 Riverside DR. Demond Beach, Fl 321	[XAdd 7 6
			□Remove
			□Change
MGR	GIANCARlo Hendez	Jan Revilo Blud Daytona Beach, FL 32118	X i∧dd
			□Remove
			□Change
HGR	SEAN HURLEY	224 Rio Pinar DR. Ormond Beach, FL 32	XAdd
		ORMONG DEALY, ESZ	Remove
			[]Change
			(DAdd
			□Remove
			IChange

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P. C					,	
Note: If the date i	other than the date listed, the date must be s nserted in this block of we date on the Depart	loes not meet the	applicable statutor	ng or more than 90 day y filing requiremen	(optional) es after filing.) Pursuant to ts, this date will not be	o 605,0207 (3 e listed as th
	fies a delayed eff after the record		out not an effec	tive time, at 12	:01 a.m. on the e	arlier of:
Dated 5 -	5-2	3	·			
	Jewa (Signa	ature of a member	or authorized represe	ntative of a member		-
		\sim $^{\prime}$	1			

Page 3 of 3

Filing Fee: \$25.00



May 5, 2023

HONGN CINDY HOWARD 700 RIVERSIDE DR. ORMOND BEACH, FL 32176

SUBJECT: THUR AND HOWARD LLC

Ref. Number: L22000088681

We have received your document for THUR AND HOWARD 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 document number of the name conflict is L09000066150.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 923A00010185

Anissa Butler Regulatory Specialist II

> RECEIVED 2023 MAY - 5 PM 1:50 FALLAHASSEE FLOOR