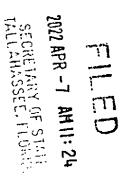
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COVER LETTER

TO: Registration So Division of Cor			
Thresher 1	ndustries LLC		
SUBJECT:	<u> </u>	. * •	<u></u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trey Thresher		
		Name of Person	
	Thresher Industries LLC		
		Firm/Company	
	4620 sw 7th pl		
		Address	
	Cape Coral, FL 33914		
	Bmxthresher@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tilication)
For further information of	concerning this matter, please c	all:	
trey thresher	•	239 222-3392	
	-	at ()	ne Telephone Number
Name (of Person	Area Code Daytii	ne 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)
Mailing Addre	<u>ss:</u>	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY TALLAHASSE	2022 APR -7	<u></u>
T. P. 313	AH 1: 24	

THRESHER INDUSTRIES 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 March 4th and assigned Florida document number 1.22000112480 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 "L.L.C." or the abbreviation "L.L.C." 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: Name of New Registered Agent: 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.

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
AMBR	Trey Thresher	4620 sw 7th pl Cape Coral, fl 33914	
			≣ Add
			□Remove
			□Change
			□Add
			□Remove
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<u>te:</u> If t	date, if other than the dat we date is listed, the date must be the he date inserted in this block is effective date on the Depar	does not meet the ap	plicable statutory	2022 (op or more than 90 days all filing requirements, t	tional) er filing.) Pursuant to 605.02 his date will not be listed
s filed.	pecifies a delayed effective da	te, but not an effectiv	ve time, at 12:01 a	a.m. on the earlier of:	(b) The 90th day after th
ed	April 4th		<u> </u>		
	Taylladar			ative of a member	
	Z Non	isture of a member or s	はほしかんしいりょくし せいかせいべいい	ative of a mambae	
		tresher Typed or p			