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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jon Thompson
Firm/Company
18917 gard Lane North.
LOXANATCHEE FL 33470. City/State and Zip Code AMDAAO WAO COM. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 674 - 6643. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\square

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

(A Florida Limited Li	aninty Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000168</u> .79	vere filed on <u>04/07/</u> 6	3033 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Thompson Site S The new name must be distinguishable and contain the words "Limited Liability".	ervices LL	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2023 OCT O
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter th	e name of the new registered
Name of New Registered Agent:	N/A.	
New Registered Office Address:	Enter Florida street address	
	City . Flor	idaZip 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>	<u>Name</u>	<u>Address</u>	Type of Action
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		1.1	□ Remove
			□Change
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an effective date is listed, the ote: If the date inserted in	date must be specific and cannot be not this block does not meet the agon the Department of State's recommendation.	prior to date of the plicable statut	ling or more than 90			
	lelayed effective date, bu	t not an effe	ective time, at	12:01 a.m. or	the (earlier o
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