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2022 JUL 15 PH 5: 02

COVER LETTER

Division of Co	rporations		
SUBJECT:	Thanton 1980 Name of Lin	nited Liability Company	M-1-27-12
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charlet	CL TUDINATON Name of Person	
		Firm/Company	
	4724 Wal	den Cir Aptle	525_
	Grando S Huorna E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	fication)
For further information c	oncerning this matter, please c	all:	
Charlet Name o	Person	at (<u>321</u>) <u>(j878</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

OF FILED

Thornton 1989.LC	2022 JUL 15 PH 5: 02
(Name of the Limited Clabinty Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12700 1803 71.	y were filed on 4/14/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9724 Walden Cir Apt 1525
(Principal office address MUST BE A STREET ADDRESS)	VIUILIO, FC. 2011
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4724 Walden Cir Apt 1525 Crtaxlo, FC 32811
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	OHE L Thornton
New Registered Office Address:	Enter Florida street address
Colar	ACC., Florida 3281 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 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
MGR	CharbitelThornton	4724 Wilden Cir Apt 13	525 Add
·		4724 Wilden CirAptie Orlando FZ, 32811	□Remove
			Change
			□Add
			□Remove
			□Change
		□ Add	
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			□ Change
		□ Add	
			□Remove
			Change
			□ Add
			□Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the led.
ر Dated	THU 7/7/2022.
	Signature of a member or authorized representative of a member
	Chaylotte than to Typed or printed name of signee