## L23000231522

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	nne Property Managment, LL	C	
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Patrick Hancock		
		Name of Person	
	Thomas Lynne Property M	anagement, LLC	
		Firm/Company	
	7380 W Sand Lake Rd, Su	ite 500	خن
		Address	<del></del>
	Orlando, FL 32819		1
		City/State and Zip Code	
	PatHancockBroker@gmail.		.:
	E-mail address: (	to be used for future annual report notification	)
For further information of	concerning this matter, please c	all:	<b>زر</b>
Patrick Hancock		407 808-0899 at ()	
Name o	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporati The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thomas Lynne Property Management, LLC		<del></del>
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company)	)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000231522</u>	mpany were filed on 05/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· ·
Principal office address MUST BE A STREET ADDRE		
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of sent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>		rida Zıp 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	Marianny Diaz	7208 W Sand Lake Rd Suite 305,	□Add
		Orlando, FL 32819	Remove
			Change
MGR SSM, LLC	SSM, LLC	11120 LAKE BUTLER BLVD	🗀 Add
		WINDERMERE, FL 34786	■Remove
		<del> </del>	□Change
			Add
		<del></del>	□Remove
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ffective date, if other than the date an effective date is listed, the date must be sometiment. If the date inserted in this block occument's effective date on the Department.	k does not meet the applicable	(o te of filing or more than 90 days statutory filing requirements,	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
record specifies a delayed effective of its filed.	date, but not an effective time, a	at 12:01 a.m. on the earlier of	f: (b) The 90th day after th
ated October 26	, 2023		