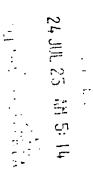
## L24000059032

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Registration Se Division of Co			
CHD IE		PERTIES LLC		
SUBJEC	· I:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Thomas Anger		
			Name of Person	<del>.</del>
		THLI PROPERTIES LLC		
		<del></del>	Firm/Company	<del></del>
		36 Deerfield Ln		
			Address	
		Dartmouth/MA 02747		
			City/State and Zip Code	<del></del>
		tbanger123@gmail.com		
		E-mail address: (	to be used for future annual report notif	fication)
For furth	er information o	concerning this matter, please c	all:	
Thomas	Anger		508 496-4724	
	Name c	f Person		e Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>\$25.</b>	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 Addres Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	
	Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THLI PROPERTIES 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  $\frac{2/1/2024}{1}$ and assigned Florida document number L24000059032 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 "LLC" 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: Enter Florida street address \_. Florida \_ City

## 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 abligations 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>	Name	Address	Type of Action
AMBR	Aliah Wright	36 Deerfield Ln, Dartmouth, MA 02747	<b>≣</b> Add
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factive date if other than th	a date of filing:		(antional)
	lock does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0 rements, this date will not be listed
record specifies a delayed effecti l is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the c	arlier of: (b) The 90th day after (
Monday ated	7/22/2024		
		<u> </u>	
<b>←</b> 1, ~	my ble		

Filing Fee: \$25.00