## L2400006260

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## **COVER LETTER**

**Registration Section Division of Corporations** Tim Thompson Pro Services LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tim Thompson Name of Person Tim Thompson Pro Services LLC Firm/Company 1889 Bay Oaks Circle Address Milton, FL 32583 City/State and Zip Code timthompson11@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tim Thompson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**Mailing Address:** 

TO:

**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

Tim Thompson Pro Services 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 February 2, 2024 \_\_\_\_ and assigned Florida document number L24000062610 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 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 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>	Address	Type of Action
AMBR	Tim Thompson	1889 Bay Oaks Circle, Milton FL 32583	= Add
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Filing Fee: \$25.00