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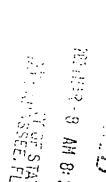
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## **COVER LETTER**

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**Registration Section** 

TO:

Division of Corp	or ations		
subject: Tho	Mas Madicin	al Consultants,	LLC
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tyler C	Name of Person	
		Firm/Company	767
	384 Meado	N Ridge DV	70712179 - 8 AH 8: 30
	Tallahossee	FL 33312 City/State and Zip Code	AH 8:
	Homas predict	al consultants a cim to be used for future annual report gotifi	al com
For further information co	ncerning this matter, please c	4	
Tyler Glann Name of	Then e.s	at ( <u>950</u> ) 228 - Area Code Daytime	8489 Telephone Number
Enclosed is a check for the	following amount:		
র্ঘ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nt, MCS WICA (10) (Name of the Limited Liability C (A Florida Lin	ASUITANTS, WC Company as it now appears on ou mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com	pany were filed on <u>Fehr</u>	LEAVY 37, 3034 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		72,
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ESTA SE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	n address
		, Florida
	Ciņ <sup>.</sup>	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 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
Am <u>br/m</u> gr	Tyler G. Thomas	384 Meadow Ridge Dr	□Add
		Tallahossee, FL 32312	□Remove
			\(\sigma \) Change
MGR	Rachel M. Thomas	384 Meadow Ridge Dr	□Add
		Tallahossee FL, 32312	□Remove
		<del></del>	MChange
	Sutton B. Thomas	384 Meadow Ridge Dr	□Add
		Tallahessee FL, 343/2	⊠Remove
			□ Change
	Shaffer C. Thomas	384 Meadow Ridge Dr Tallahassee, Fi 37312	SAS-DARE TO
		Tallahassee, Fi 37312	FA Somove
			□Change
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			□Remove
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing attutory filing requirements, this date	) Pursuant to 605,020
he record specifies a delayed effective date, but not an effective time, at pord is filed.	12:01 a.m. on the earlier of: (b) Th	e 90th day after the
Dated Meyen 8. 3024.	ລ	

Filing Fee: \$25.00