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Registration Section

TO:

Div	ision of Corp	porations			
arm mam	Thorpe Prop	perties, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Thorpe Properties, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Edna Dakkak Name of Person Firm/Company 9157 Kilgore Road Address Orlando, FL 32836 City/State and Zip Code Ednadakkak@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:				
Please return	all correspon	ndence concerning this matter	to the following:		
		Edna Dakkak			
			Name of Person		
			Firm/Company		
		9157 Kilgore Road			
			Address		
	Orlando, FL 32836				
			City/State and Zip Code		
		~ -			
r r a	· C			nication)	
Por juriner i	niorination c	oncerning this matter, please c	d11.		
Edna Dakka	ık			-7555 <u> </u>	
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	S30.00 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)	
Mailing Address: Registration Section		Street Address: Registration Se	ection		
		forporations	Division of Co	rporations	
	O. Box 632		The Centre of		
l a	Illahassee, l	TL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thorpe Properties, LLC		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/24/2024	and assigned
lorida document number 1.24000192612		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		•
3. If amending the registered agent and/or register		name of the new regis
gent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florie	
	City	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
Mgr	Assad Dakkak	9157 Kilgore Road, Orlando, Fl. 32836	
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cument's eff	ective date on the D	Department of S	State's records				
			22 1				
	is a delayed effective	ve date, but not	t an effective t	ime, at 12:01 a	.m. on the earlie	eroi: (b) The	2 90th day after th
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