Fax Number

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(shown below) on the top and bottom of all pages of the document.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THOMAS WARRIOR INVESTMENTS LLC

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fo: Agent Amnd Florida

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMAS WARRIOR INVESTME			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our recability Company)	cords.)	
The Articles of Organization for this Limited Liability Company vilorida document number L24000226687	vere filed on 05/21/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
he new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "	LLC" or the abbreviation "LL.C."	
Enter new principal offices address, if applicable:		2824 JUL 23	
Principal office address MUST BE A STREET ADDRESS)			
		PH 4 OF ST E.FLC	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		5	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new registered	!
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address		ldress	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete	ee to act in this capacity. performance of my dutie	I further agree to comply with the s. 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

fo: Agent Amnd Florida EUx: +18245460340 From: Marnaly 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	Brigett Marlenny Huertas Gonzalez	1860 N PINE ISLAND RD STE 114	
		PLANTATION, FL 33322	■ Remove
			□Change
AMBR	Brigitt Marlenny Huertas Gonzalez	1860 N PINE ISLAND RD STE 114	■Add
-		PLANTATION, FL 33322	□Remove
			⊡Change
			2024 JUL 23 PH 4: 01 SLERETARY OF STATE TAIR ASSECT. FEDRIO.
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Fna: +19542460340 70, Agent Amna Florida Fax: +18506176383 Page: 4 of 5 07123/2024 3:06 PM

Ггот: Маспају

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if n	ecessary.)
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Note: If the date inserted in th	the date of filing: 7/23/2024 (or must be specific and cannot be prior to date of filing or more than 90 days a list block does not meet the applicable statutory filing requirements, are Department of State's records.	ptional) after filing.) Pursuant to 605,0207 (3)(b) this date will not be listed as the
If the record specifies a delayed efferecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated July 23rd	. 2024	
	Bright Hortos Signature of a member or authorized representative of a member	
	BRIGITT MARLENNY HUERTAS GONZALEZ	
*****	Typed or printed name of signee	