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COVER LETTER

TO:

	Registration Sec Division of Corp			
		facturing LLC		
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
		ndence concerning this matter t		
		Ruben Perez		
			Name of Person	
			Firm/Company	
		6040 Spruce Point Circle		
			Address	
		Port Orange, Florida, 3212	8	
		rubenperez@thirdmanufactt	City/State and Zip Code tring.com	
			to be used for future annual report noti	fication)
For furt	der information co	oncerning this matter, please ca		
Ruben I	Perez		954 806-2577 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cou The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Third Manufacturing LLC				
(Name of the Limited	Liability Compa A Florida Limited I	ny as it now appears on our reclability Company)	ords.)	
The Articles of Organization for this Limited Lia Plorida document number L24000230481 This amendment is submitted to amend the follow		were filed on 05/17/2024	and assigned	
A. If amending name, enter the new name of		ility company here:		
N/A The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE L	<u>30X)</u>			
•				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office s here: N/A	address on our records, <u>er</u>	iter the name of the new registere	
New Registered Office Address:	N/A			
176111111111111111111111111111111111111	Enter Florida street address			
			, Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complet stered agent as registered offic	e performance of my autie provided for in Chapter 6	s, and t am jumitian with and solos, F.S. Or, if this document is	

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>	Name	<u>Address</u>	Type of Action
MGR	Ryan Perez	19163 NW 23rd Ct	= Add
		Pembroke Pines, FL, 33029	Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
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N/A						
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Iffective date, if other than	the date of filir	N/A ng:			(optional)	
f an effective date is listed, the date Note: If the date inserted in the	must be specific ar	nd cannot be prior	r to date of filing o	r more than 90 da	ys after filing.) P	ursuant to 605.020 II not be listed a
locument's effective date on the	ne Department of	State's records	s.	mb reduceme		
record specifies a delayed eff d is filed.	ective date, but no	ot an effective t	ime, at 12:01 a.:	n, on the earlie	r of: (b) The	00th day after the
. 05-29		2024				
Dated 05-29		·	· ·			. ~ <u>.</u>
	1					

Typed or printed name of signee