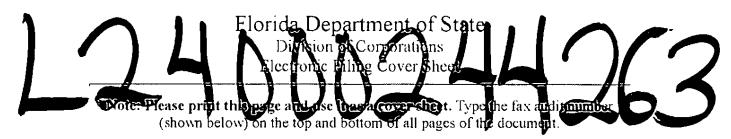
Division of Corputations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

> RLOPS@PARASEC.COM Email Address:

1 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STIDDEM-THORNTON, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

M. SOLOMON

JUN 12 2024

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19166105073 Date: 06/12/24 Time: 2:50 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| STIDDEM-THORNTON, LLC | | | |
|--|--|------------------------------|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appea Liability Company) | rs on our records.) | |
| | | | |
| he Articles of Organization for this Limited Liability Company | were filed on | 05/30/2024 | and assigned |
| lorida document number <u>L24000244263</u> | | | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited liab | ility company he | ere: | |
| | | | |
| ne new name must be distinguishable and contain the words "Limited Liabi | lity Company," the c | lesignation "LLC" or the | abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | | 5 |
| Principal office address MUST BE A STREET ADDRESS) | | | 72 |
| | | | ್ನ ಸ |
| | - | | PH |
| Inter new mailing address, if applicable: | | | 2: 12 |
| Sailing address MAY BE A POST OFFICE BON | | - | 7 |
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| | | | |
| . If amending the registered agent and/or registered office a gent and/or the new registered office address here: | address on our r | ecords, <u>enter the nar</u> | ne of the new registe |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | ida street address | |
| | | , Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

ž.

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.

To: 18506176383 From: 19166105073 Date: 06/12/24 Time: 2:50 PM Page: 04/05

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|------------------|--------------------------------------|---------------------------------------|
| 'AMBR | PINKERT, JOSEPH | 1049 JACKSON STREET | 🗆 Add |
| | | LARGO, FL. 33770 | NRemove |
| | | | □Change |
| <u>AMBR</u> | Thorsson Partner | 351 Channelside Walk Way Unit # 4207 | |
| | | Tampa, FL 33602 | □Remove |
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To: 18506176383 From: 19166105073 Date: 06/12/24 Time: 2:50 PM Page: 05/05

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| 310tc | ctive date, if other than the date of filing: | t to 605 0 be listed |)207 (3 I as th |
| the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of. (b) The 90th da filed. | ıy after t | ihc |
| Date | June 7 2024 | | |
| | - The | | |
| | Signature of a member or authorized representative of a member | _ | |
| | | | |

Filing Fee: \$25.00