

L24000299148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

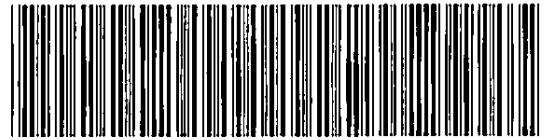
(Business Entity Name)

(Document Number)

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LLC Amend

FILED  
2024 NOV 21 PM 12:39  
CLERK OF COURT  
JANESVILLE, WI

A. RAMSEY

DEC. 17, 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thick Rods LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eliav Boaron

Name of Person

Tailor Brands Ltd.

Firm/Company

2261 Market Street STE 22055

Address

San Francisco, CA 94114

City/State and Zip Code

fl.form@tailorbrands.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliav Boaron

Name of Person

at (888) 209-2092

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO 2024 NOV 2  
ARTICLES OF ORGANIZATION  
OF ST. ALBANS

2024 NOV 21 PM 12 39  
LIBRARY OF STATE  
HISTORICAL SOCIETY

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>          | <u>Address</u>                                   | <u>Type of Action</u>                      |
|--------------|----------------------|--|--|
| <u>AMBR</u>  | <u>Tara Martucci</u> | <u>1895 Commodore Dr, Navarre, Florida 32566</u> | <input type="checkbox"/> Add               |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u>  | <u>Tara Martucci</u> | <u>1895 Commodore Dr, Navarre, Florida 32566</u> | <input checked="" type="checkbox"/> Add    |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>              | <u></u>  | <input type="checkbox"/> Add               |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>              | <u></u>  | <input type="checkbox"/> Add               |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>              | <u></u>  | <input type="checkbox"/> Add               |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input type="checkbox"/> Change            |
| <u></u>      | <u></u>              | <u></u>  | <input type="checkbox"/> Add               |
|              |                      | <u></u>  | <input type="checkbox"/> Remove            |
|              |                      | <u></u>  | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 30, 2024

Eliav Boaron

Signature of a member or authorized representative of a member

*Elihu Boardman*

Typed or printed name of signee

**Filing Fee: \$25.00**