PT1110000P11179

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| - 100 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---------------------------------|---|
| SUBJECT: THIRD LAKE DESIGN & CM S | ERVICES, LLC | |
| | reign Limited Liability Co | ompany |
| Dear Sir or Madam: | | |
| The enclosed application, certificate and fed | e(s) are submitted for filin | ng. |
| Please return all correspondence concerning | g this matter to the follow | ing: |
| Myra York | | |
| Name of Person | | |
| Third Lake Solutions, LLC | | |
| Firm/Company | | |
| 1600 E 8th Ave STE A137-D | | 2025 |
| Address | | 2025 JAN 3 15 12 14 |
| Tampa, FL 33605 | | 2 |
| City/State and Zip C | Code | Table Court |
| MYork@thirdlakesolutions.com | | 14 16 F.1 |
| E-mail address: (to be used for future and | nual report notification) | |
| For further information concerning this mat | tter, please call; | |
| Myra York | | 1319 |
| Name of Person | | vtime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regis Divis The C 2415 | Address: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303 |
| Enclosed is a check for the follow ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of State | ☐ \$55 Filing Fee & | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

| State: THIRD LAKE DESIGN & CM SERVICE Enter new principal office address, if applicable: | 1600 F 8th Aves Suite A 137-A | | | | | |
|--|--|--|-------------------------|--------------------|--|--|
| Principal office address | Tampa, Fl. 33605 | | | | | |
| MUST BE A STREET ADDRESS) | | | | | | |
| Enter new mailing address, it applicable: | 1600 E 8th Ave Suite A137-A | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa, FL 33605 | | | | | |
| 2. The Florida document number of this limited li | | 11179 | | | | |
| 3. Jurisdiction of its organization: DE 4. Date authorized to do business in Florida: 11/2 SECTION II (5-9 complete only the applicable) | | <u></u> | · | 2025 | | |
| 4. Date authorized to do business in Florida: 11/2 | 20/2019 | | | <u></u> | | |
| | | | | | | |
| 5. New name of the limited liability company: (mus | st contain "Limited Liability C | ompany. " "L.L.C | | 14 (6) TH | | |
| If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. | maging members adopting the | business in Floric alternate name. Th | la and åt ne altern: | tach a ate name | | |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | red officer address on our recorddress here: | rds, enter the name | of the n | œw | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | | | | |
| New Registered Office Address: | Enter Flori | ida Street Address | | — | | |
| | , Florida | | | | | |
| | City | j | Zio Code | ? | | |

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

| itle/ Capacity | <u>Name</u> | Address | Type of Actio |
|----------------|------------------------------------|---|-------------------------------------|
| 1GR | JONES, KENNETH | 1600 E 8TH AVENUE, SUITE A132-A | |
| | | TAMPA, FL 33605 | =Rem |
| EO | Luke A. Thomas | 1600 E 8th Ave Suite A137-A | = Add |
| | | Tampa, FL 33605 | □Rem |
| | | | □Add |
| | | | □Rem |
| <u>_</u> | | | DAdd |
| | | | □Rem |
| | | _ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| aforemention | under the law of which this entity | ated by the official having custody of records in the | □Rem |

Filing Fee: \$25.00