P17000026085

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COVER LETTER

Division of Corporations NAME OF CORPORATION: MARCUS CHRISTENSEN PA P17000026085 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTENSEN Name of Contact Person Firm/ Company COPAL GABLES, FL 33146
City State and Zip Code MACHRISTENSEN C GMAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (30T) 495 - 6933

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

Articles of Incorporation

	of		
MARCUS CHRIS	ENSEN,	P.A.	- E 3
(Name of Corporation as			27
P170000	26085		P.
(Document N	lumber of Corporation (if known)	
tursuant to the provisions of section 607,1006, Florida Status Articles of Incorporation:	ites, this Florida Profit	Corporation adopts the fo	Howing amendme
If amending name, enter the new name of the corpora	ation:		
THORNBURY CAPI	TAL PARTI	NERS, INC.	Thu na
THORNBURY CAP1 ame must be distinguishable and contain the word "ce Corp.," "Inc.," or Co.," or the designation "Corp," "h ord "chartered," "professional association," or the abbre	ic," or "Co". A proje	" or "incorporated" or ssional corporation name	the abbreviation must contain the
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> 	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida address:	, enter the name of the	
Name of New Registered Agent			
	lorida street address)		
New Registered Office Address:	tCity)	Florida	
	e ayı		(Zip Code)
ew Registered Agent's Signature, if changing Registere bereby accept the appointment as registered agent. I am j		t the obligations of the posi	ition.
Signature	of New Registered Ager	nt, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 } Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ති) Change			
Add			
Remove			

ruach aaan	or adding additional A tional sheets, if necessary). (Be specific)			
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an amend	ment provides for an ex	change, reclassifica	tion, or cancellatio	on of issued shares.	
<u>provisions </u>	for implementing the an	<u>uendment if not con</u>	tained in the amer	idment itself:	•
(if not a	applicable, indicate N/4)				
	61/1	<u></u>			<u></u>
	N/A				
	1				
					
	•			<u>_</u>	
			•		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MARWS CHRISTENSEN	
(Typed or printed name of person signing)	
P	
(Title of person signing)	