## 5000/37865

(Re	questor's Name)	
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## **COVER LETTER**

10: Registration Section Division of Corporations	; ·		\$	
SUBJECT: THINK-	U LL	. C		
	Name of Limited Lia	ability Company		
The enclosed Articles of Amendment and	fee(s) are submitted	for filing.		
Please return all correspondence concerning	g this matter to the	following:		
	Zolavdo	Carla Name of Person	····	·
	THINK	- U LL Firm/Company	LC	
		Firm/Company		
_ 39	82 NB	1374 DR		
		1100100		
	tomes lax c	/State and Zip Code	33033	<u> </u>
	mail address: (to be u	sed for future annual r	eport notification)	11.000
For further information concerning this ma	itter, please call:			
Polando Carlo Name of Person	<i>^</i>	at (786)	461 6	476
Name of Person		Area Code	Daytime Teleph	none Number
Enclosed is a check for the following amo	unt:			
\$25.00 Filing Fee E\$30.00 Filing Certificate	ng Fee & 🖺 e of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

THINK-	-U LLC
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>と 1500013</u> 786	ompany were filed on $\frac{8/14/2015}{25}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  THINK ISLUE POOL  The new name must be distinguishable and contain the words "Limit	red liability company here:  SERVICES LLC  red Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	3982 NE 13 DR Homestead FL 33033
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3982 NE 13 DR HomesTood FL 33033
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	982 NE 13 DR  Enter Florida street address
	ones Tead , Florida 33033  City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3



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	Address	Type of Action
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		-71	<u>₽</u> Remove
			Change
	•		<u>E</u> Add
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