L04000021575

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(Re	questor's Name)	
(Add	dress)	
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TALLAHASSEE. FLORIDA

C. LEWIS

JUN 1 8 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co					
SUBJECT: Share Thinking Enterprises, LLC						
S C 230	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
	Jacqueline Horta Name of Person					
•		J Hort	a Accounting & Taxes Inc			
	Firm/Company					
	6830 SW 159 PL					
	Miami, FL 33193 City/State and Zip Code					
		E-mail address: (t	o be used for future annual report notif	cation)		
For fu	ther information of	concerning this matter, please c	all:			
	-	queline Horta	at (_305_) Area Code & Daytim	387-2906 e Telephone Number		
			•			
Enclos	ed is a check for t	he following amount:				
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUN 17 PM 8: 17

Share Thinking En	nterprises, LLC	SECRETARY OF STATE. TALLAHASSEE, FLORIDA
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	ds.)
The Articles of Organization for this Limited Liability Company was Florida document numberL04000021575	vere filed on $\frac{3}{3}$	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liabili	ity company here:	
Code My Dream En	terprises LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		enter the name of the new
•		
Name of New Registered Agent:		- Net
New Registered Office Address:		
	Enter Florida str	eet address
- 1.00 (3) - 1.00	-,	rida
	Ċity	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
· .			Add Remove
			Add Remove
		•	Add Remove
			AddRemove
D. If amend		ge(s) here: (Attach additional sheets, if necessary	ury.)
Dated	6/8/2010, X Royal C.	r or authorized representative of a member	TAPLAHASSE.F
	·	odrigo A Moreno	P. S. P. L.
	Турес	or printed name of signee	Property of the state of the st

Page 2 of 2

Filing Fee: \$25.00