L080000391000

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SEGRETARY OF STATE
TALLAHASSEE, FLORIC

D. BRUCE

OCT 5 2009

EXAMINER

COVER LETTER

	ntion Section n of Corporations				
SUBJECT:	Unthink, L	LC			
	Name of Limited Liabilit	y Company			
The enclosed Ar	icles of Amendment and fee(s) are submitted for	filing.			
Please return all	correspondence concerning this matter to the follo	wing:			
		J. Verras			
	Name	e of Person			
Bilirakis Law Group, LLC					
Firm/Company					
4538 Bartelt Road					
Address					
	Holiday, FL 34690				
	City/State and Zip Code			7 .0 0	
	Verras@mac.com E-mail address: (to be used for future annual report notification)		tion	09 OCT SECRET	
		i tuture annuai report nottitea	nion		77
For further infor	nation concerning this matter, please call:			-2 ASSE	
	Spiro Verras	727) 9	37-3226		
	Name of Person	Area Code & Daytime T	Celephone Number	PH 12: 23 OF STATE E. FLORIDA	O
Enclosed is a cho	eck for the following amount:			-	
✓ \$25.00 Filing	Certificate of Status Cer	0 Filing Fee & tified Copy ditional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	ı

MAILING ADDRESS:

TO:

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 TO ARTICLES OF ORGANIZATION OF

U	Inthink, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	April 21, 2008	and assigned
Florida document number L08000039600			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			D ₄ . O
(Principal office address MUST BE A STREET ADD)	RESS)	· · · -	90 T
			ASS
Enter new mailing address, if applicable:			E P
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		10 S S S
			DATE 23
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addi	ess
		. Florida	
	City	, rioriua	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 an and ing the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anastasia Dedis	18529 Bittern Ave. Lutz, FL 33558	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
_			
			09 0
Dated	Oct . 1 290	or authorized representative of a member	PILEL 09 OCT -2 PME: STURBLARRY OF STA
	<u></u>	Spiro J. Verras or printed name of signee	S. 45. 50

Page 2 of 2

Filing Fee: \$25.00