## 108000040085

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(Address)
(Address)
(City/State/Zip/Phone #)
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2023 JUN 007 SH 6: 55



## **COVER LETTER**

Divi	ision of Cor	porations	,	<i>;</i>
UBJECT:	JENNIFER	HOWSE LLC		
OBJECT;		Name of Limi	ted Liability Company	
he enclosed	l Articles of	Amendment and fec(s) are sub	nitted for filing.	
lease return	all correspo	ndence concerning this matter (	o the following:	
		JENNIFER HOWSE LLC		
			Name of Person	
			Firm/Company	
		1563 4TH STREET		
			Address	
		SARASOTA, FL 34236		
		jenniferhowse@verizon.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report no	tification)
for further in	iformation c	oncerning this matter, please ca	ll:	
lennifer Hov	vse		941 373-5654 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address: Registration Section		Street Address: Registration S	ection

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 09 KM 6:55

JENNIFER HOWSE LLC

(Name of the Limited Liability Company as it now appears on our records.)

A. If amending name, enter the new name of the limited liability company here:  THINK SOLUTIONS FIRST  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered.		(A Florida Emitted Liability Company)	
(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address	_		and assigned
THINK SOLUTIONS FIRST LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the f	following:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	A. If amending name, enter the new name	e of the limited liability company here:	
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Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if app	olicable:	
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New Registered Office Address:  Enter Florida street address	B. If amending the registered agent and/o	or registered office address on our records, ente	
Enter Florida street address	Name of New Registered Agent:		
, Florida	New Registered Office Address:	Enter Florida street addi	ress
City Zip Code		,1	Florida
		City	Zip Code
		1 . 1	<i>C</i> 1

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

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
		<del> </del>	□Add
			□Remove
			□Change
		<del></del>	□Add
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			□Change
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		<del></del>	□Remove
			□Change

Effective date, if other than the date of filing:	<u> </u>			- · · · · · · · · · · · · · · · · · · ·
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.  Dated   JUNE 6				
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Signature of a member or authorized representative of a member	record specifies a delayed effect d is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Signature of a member or authorized representative of a member	record specifies a delayed effect d is filed.	ive date, but not an effective time		
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Filing Fee: \$25.00

## **COVER LETTER**

Div	ision of Cor	porations			
eun iver		HOWSE LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		JENNIFER HOWSE LLC			
			Name of Person		
			Firm/Company		
		1563 4TH STREET			
			Address		
		SARASOTA, FL 34236			
		jenniferhowse@verizon.net	City/State and Zip Code		
		E-mail address: (	to be used for future annual r	eport notifica	tion)
For further i	information c	oncerning this matter, please co	all:		
Jennifer Ho	wse		941 373 at ()	3-5654	
Name of Person		Area Code	Daytime To	elephone Number	
Enclosed is	a check for th	he following amount:			
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Ad</u> Registra	Idress: ition Section	on	
Division of Corporations		Divisio	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303