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	(Address)
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	(Business Entity Name)
	(Document Number)
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EXAMINER

W9.85339

COVER LETTER

Division of Co	orporations				
SUBJECT:	Think Dire	ect Marketing LLC			
		nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		Paul E Williams		_	
	Name of Person				
	Th	Think Direct Marketing LLC			
		Firm/Company			
	790 .	luno Ocean Walk Suite 5	501		
	Address				
	,	Juno Beach, FL 33408		2009 SEP -	CHARLES OF THE PARTY OF THE PAR
	3	City/State and Zip Code		Section Co	Secretary and the second
	E-mail address:	(to be used for future annual report	notification)		E AN
For further information	concerning this matter, please	call:		AN IO: 58	¥
	aul E Williams	at (561)	351-3981		
Name	of Person	Arca Code & Da	lytime Telephone Numbe	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	Fee \$\int_\$\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section

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

Think Direct M	larketing LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)				
The Articles of Organization for this Limited Liability Company	and assigned				
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Think Direct					
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	1 "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	790 Juno Ocean Walk	2009 See			
(Principal office address MUST BE A STREET ADDRESS)	Suite 501				
The part of the control of the contr	Juno Beach, Florida 33408	80 T			
Enter new mailing address, if applicable:	790 Juno Ocean Walk	FL FLOR			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 501	5H 58			
	Juno Beach, Florida 33408	***************************************			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street o	address			
	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Address</u> Type of Action Name ☐ Add Remove ☐ Add Remove \prod Add Remove-Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member E Williams Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00