

L11000043929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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D. BRUCE
FEB 24 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Think About Them, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Fallon
Name of Person

Think About Them, LLC
Firm/Company

5621 Strand Boulevard, Suite 104
Address

Naples, Florida 34110
City/State and Zip Code

mdfallon@thinkaboutthem.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fallon at (239) 213-8545
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Think About Them, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 3, 2011 and assigned
Florida document number L11000043929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5621 Strand Boulevard

Suite 104

Naples, Florida 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5621 Strand Boulevard

Suite 104

Naples, Florida 34110

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TALLAHASSEE, FLORIDA

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:

5621 Strand Boulevard, Suite 104

Enter Florida street address

Naples

City

, Florida

34110

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 Changing Registered Agent, Signature of New Registered Agent

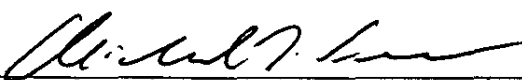
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Fallon	5621 Strand Boulevard Suite 104 Naples, Florida 34110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Thomas Fallon	6410 NW 82nd Avenue Miami, Florida 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated February 20, 2012


Signature of a member or authorized representative of a member

Michael Fallon

Typed or printed name of signee

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