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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOSTÍNO

Account Number : T20080000080

Phone : (305)642-1090

Fax Number

: (305) 642-1010

**Enter the email address for this business entity to be used for Egyet

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTED THINKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS APR 3 0 2012

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

CONNECTED THINKING, LLC. SUBJECT: _

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:

Name of Person
MGR
Firm/Company
2025 NW 102 AVE # 104
Address
MIAMI. FL. 33172
City/State and Zip Code
CRISTIANWAZANI@GMAIL.COM
 E-mail address: (to be used for future annual report notification)

CRISTIAN WAZANI

For further information cor

CRISTIAN WAZANI

380-2872

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 Taliahassee, 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

FILED

12 APR 27 AM 8: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COM	NNECTED TI	HINKING, LL	C. '''-	INDOLE, LEGINON	
(Name of the Limite	d Liability Compar A Florida Limited L	iy as if naw appear lability Company)	on our records.)		
The Articles of Organization for this Limited I Florida document number L1200003	- · ·	were filed on	03/05/2012	and ussigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company her	e:		
	N/A				
The new name must be distinguishable and end wintl. I. C."	th the words "Limit	ed Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	cable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)			-	
		•		<u></u>	
B. If amending the registered agent and/registered agent and/or the new registered of	or registered off ffice address here	ice address on o	ur records, <u>enter t</u>	ge name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida street address			
		. Florida			
		Ctty		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

Page 1 of 2

(#12001161023)

MGR = Mai MGRM = M	nager Isnaging Member		•
<u>Title</u>	Name	Address	Type of Action
MGRM	ERNESTO HERNANDEZ	2025 NW 102 AVE # 104 MIAMI_FL_33172	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amend	ding any other information, enter chan	gc(s) here: (Attach additional sheets, if neve	essary.)
_			FIL 12 APR 27 SECRETARY TALL AHASS
			P. F.
Dated	April 26, 21	OR CALL	

Page 2 of 2

Typed or printed name of signee