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EXAMINER



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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: _ Think Tank Medical, UC
•	Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Name of Person
	MIRAMAX MEDIA UC
	Firm/Company
	6751 N. Federal Highway #100 Address
	Address
	Bocalaton, FZ 33487
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
(Sevena Paul at (561, 826-600)
	Name of Person at (561) 826-6001 Area Code & Daytime Telephone Number
Enclosed :	is a check for the following amount:
- 7\$25.00	Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THINK TAN	k medical	uc		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now a la Limited Liability Compa	ppears on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 52.	4/10/12	and assigned	
This amendment is submitted to amend the following:	:			
A. If amending name, <u>enter the new name of the li</u>	imited liability compan	<u>y here</u> :		
The new name must be distinguishable and end with the vil.L.C."	words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address	r L CRID,	12 JUN 18 PH 3: 57 the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street aa	ldress	
	City	, 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 amerMing 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 **Type of Action** Title Title **Address** Name 1 MGR ROBERT FISHEL 6751 N. Federal Hwy Remove ☐ Add Remove Remove □Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13 JUNE Dated ____ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00