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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Think House LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Folson Accounting Services Inc
1605 Main St Address
Duned in FL 34698 City/State and Zip Code Fas a tampabat. rv. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Som For Som at (727) Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Englosed is a check for the following amount:
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & \Bigcup \$55 Filing Fee & \Bigcup Certificate of Status Certified Copy Certified Copy

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed do	ocume	nt.		
FIRST:		The name of the limited liability company is: I hink House LLC				
<u>SECO</u>	ND:	The Florida Document number of the limited liability company is: 14000	132	010		
THIR	<u>D</u> :	Document to be corrected is:				
		Articles of Organization				
,	<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	<u>NT</u>			
卤	Contai	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:	ect, an	d the		
		Effective date 10/22/14 is incorrect				
Conc	cet S	Effective date 10/22/14 is incorrect Effective date is 8/22/14.				
	<u>OR</u>					
		efectively signed. The manner in which the document was defectively signed and the tion are as follows:	appro	priate		
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	<u>OR</u>		32			
	The el	ectronic transmission of the record was defective.				
×	رمدا	an Jalaan 8/26/14				
Sig	gnature	of Authorized Representative Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)