

L14000189419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

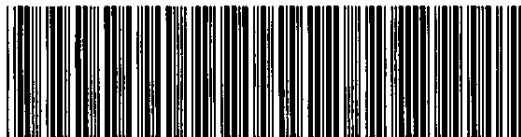
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32306

B. BOSTICK

JAN - 9 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THINK Realty, 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:

Constance C. Langhorst
Name of Person

THINK Realty, LLC
Firm/Company

432 7th Ave. N.
Address

TiERRA Verde, FL 33715
City/State and Zip Code

Think Connie L@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Constance C. Langhorst at 727 480-5954
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 29 P 12:01

FILED

December 23, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: THINK REALTY, LLC (Filed December 11, 2014, L14000189419)

Please accept this cover letter as documentation that, required by the Florida Department of Business and Professional Regulation, I am required to change my name, as Registered Agent, with regard to the above-named LLC, so that it is in my legal name, Constance C. Langhorst, which coincides with my real estate license.

Thank you, in advance, for your helpfulness, and happy holidays!

Constance C. Langhorst
Constance C. Langhorst

ThinkConnieL@gmail.com

Daytime Phone Number: 727-480-5954

432 7th Ave. N.

Tierra Verde, FL 33715

FILED
2014 DEC 29 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FL

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

THINK REALTY, 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 12/11/14 and assigned Florida document number L14000189419.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Constance C. Langhorst

New Registered Office Address:

432 7th Avenue North

Enter Florida street address

Tierra Verde

City

, Florida

33715

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 605, 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.

Constance C. Langhorst
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Constance C. Langhott	432 7th Ave N. Tierra Verde, FL 33715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/23, 2014.

Constance C. Langhorst

Signature of a member or authorized representative of a member

Constance C. Langhorst

Typed or printed name of signee

SECRETARY OF STATE
MAIL ROOM

2014 DEC 29 P 12:01

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