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Special Instructions to	Filing Officer	
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WORETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE		Consulting LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	<u> </u>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Michelle Wang		
			Name of Person	
		SK Financial CPA LLC		
			Firm/Company	
		2210 Ashley Oaks Circle,	Suite 101	
			Address	· · · ·
		Wesley Chapel, FL 33544		
			City/State and Zip Code	
		michelle@skfinancial.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Michell			at () 322-3936 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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:

TO:

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 Tank Consulting 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 1/5/2017 and assigned Florida document number L17000003896 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 contain 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jay Struck	1936 Bruce B Downs Unit 443	
		Wesley Chapel, FL 33543	■ Remove
			□ Change
AMBR	Joseph L. Struckman	1936 Bruce B Downs Unit 443	Add
		Wesley Chapel, FL 33543	□ Remove
			Change
		-	☐ Add
			☐ Remove
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			Remove
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			Remove Change
			Remove

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