11700149471

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| | | |
| (Ade | dress) | |
| | | |
| (Add | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | = #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (D.) | ainaga Entitu Nan | |
| (Bu: | siness Entity Nan | ie) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| · | ŭ | |
| | | ŀ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300301598233

07/24/17--01023--005 ++25.00

2017 JUL 24 PM 2: 34

W. JAKKIE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|---|
| SUBJECT: Think Spri- | tz LLC | |
| Name of Li | mited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are su | ibmitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| Eric | Spritz Name of Person | |
| Think | Spritz LLC Firm/Company | |
| 1058 W. | Heritage Club | circle |
| Delray E | Seach, FL 331 City/State and Zip Code | 183 |
| eric Spri E-mail address: | tz@dKatz.co | cation) |
| For further information concerning this matter, please | call: | |
| Eric Spritz Name of Person | at (561) 869 - Area Code Daytime | - 4349 Telephone Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\Bigcup \$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

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

| T | | Spritz | | |
|---|--------------|---------------------------------|--------------------------------|--|
| | (Name of the | Limited Liability Company as is | t now appears on our records.) | |
| | **** | (A Florida Limited Liability | y Company) | |

| The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000149471</u> . | were filed on $\frac{7/12/2017}{}$ and assigned |
|--|--|
| Florida document number | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1058 W. Heritage Club circle Delray Beach, FL 33483 |
| (Principal office address MUST BE A STREET ADDRESS) | Delray Beach, FL 33483 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1058 W. Heritage club circle Delray Beach, FL 33483 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. | office address on our records, enter the name of the new re: |
| Name of New Registered Agent: | |
| New Registered Office Address: 1058 | W. Heritage Club circle Enter Florida street address |
| Delra | ay Beach Florida 33483 Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> |

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 degiment 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 Spent

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> | Address | Type of Action |
|--------------|-------------|---------------------|--------------------|
| MGR | Eric Spritz | 1058 W. Heritage Ch | Ub Cir. □ Add |
| | | Delray Beach, FL 3. | 3483 _ □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove 2017 |
| | | | 2017 Charace |
| | | | Remare Co. |
| | | | □ Change |

| If an e Note: | ve date, if other than the date of filing: |
|------------------|---|
| docur | ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| | 90th day after the record is filed. |
| Dated | July 17 2017. Signature of amember of authorized representative of a member |
| | quir sout |
| | Signature of a member of authorized representative of a member |
| | Signature of amember of authorized representative of a member |
| | |
| | Eric Spritz Typed or printed name of signee |
| | |