217000149471

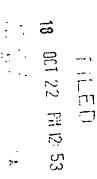
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000319810790

19/22/18--01018--022 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Think Sprit	Z LLC	
Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	ated for filing.	
Please return all correspondence concerning this matter to	the following:	
,		
Eric	Spritz Name of Person	
	Patric Of Fersion	
Think	Spritz LLC	
	rimi/Company	
25 S. Latitu	de circle Ap	+204
Del (a.y. Beo espritz8 E-mail address: (to)	City/State and Zip Code 8 @ g Mail. Com be used for future annual report notification	on)
For further information concerning this matter, please call:		
Eric Spritz	a 561 86 9	4349
Name of Person	atayıme Tele	phone Number
Enclosed is a check for the following amount:		
■ \$25.00 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)

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 Spe (Name of the Limited L.	iability Compar	y as it now appears on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L1700014947</u>	lity Company (were filed on $\frac{7}{12}$	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		lity company here:	ET 22 (A)
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	225 S. Latitu Aprilment 204 Delray Beach, Fi	de cicele 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	225 S. Lititude Apartment 204 Delray Beach, F	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	fice address on our records,	
Name of New Registered Agent:			
		. Latitude circ	
	Delray	Beach Flor	ida <u>33 183</u> 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.

If Changing Registered Agent, Signature of New Registered Agent

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.	225 S. Latitude circle	🗆 Add
		Apartment 204	☐ Remove
		Apartment 204 Delray Beach, FL 33483	Change
			□ Remove
			Change
			Add
			Remove
			Ghange
	<u> </u>		□ Ādd □ Ā
			· □ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

			<u> </u>	-	
		<u> </u>			
			<u> </u>		
	-				
			<u>-</u>		
				_	
				<u>-</u>	
			<u></u>		
		<u>-</u>			
					2
			u r		72
			.		- ပုံ
	<u>-</u>				
	 -		<u>.</u>	_	
<u>-</u>					
ective date, if other the effective date is listed, the term of the date inserted ument's effective date	e date must be specific a in this block does no	and cannot be prior to t meet the applica	o date of filing or mo ble statutory filing	(optio re than 90 days after requirements, this	filing.) Pursuant to 605
record specifies a he 90th day after			an effective ti	me, at 12:01 a	a,m. on the earlie
ed October	16 Signature of	<u> 2018</u>			
	1 1 (/ 6	-}			

Page 3 of 3

Filing Fee: \$25.00