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S. WARREN DEC 1 1 2017

COVER LETTER

	Registration Sec Division of Corp					
eup ir c		Smart Solutions, LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		Lygia Carolina Bernardes				
			Name of Person			
		ThinkAhead Smart Solution	ons, LLC			
		 	Firm/Company			
		2000 N Bayshore Drive, su	uite 607			
			Address			
		Miami, Florida, 33137				
		City/State and Zip Code				
		carol@thinkaheadnetwork.c		,		
For furthe	r information co	e-mail address: (i	to be used for future annual report noti all:	ncation)		
Lygia Ca	rolina Bernardes	;	305 748-1043 at () Area Code Daytim			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for the	e following amount:				
\$25.0	0 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:

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

ThinkAhead Smart Solutions, 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 $\frac{11/17/2017}{1}$ and assigned Florida document number L17000237037 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 _. Florida ___ 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

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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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HOMEM, ANDRE RICARDO M	2000 N bayshore Drive, 607	
		Miami, FL, 33137	■ Remove
			Add
			□ Remove
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iote: I	re date, if other than the date of citive date is listed, the date must be spe if the date inserted in this block doe not's effective date on the Departme	of filing:	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
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e reco	90th day after the record is	2017	17 0E

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Filing Fee: \$25.00