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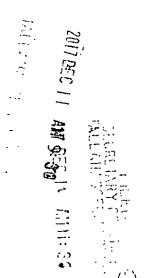
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: THI	NKAHEAD SMA	RT SOLUTIONS LL	<u></u>
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lygis espoc	Name of Person	
	·	Name of Person	
	- THINKAHED	D SMART SOLUTION Firm/Company	NS LLC
•		Firm/Company	
	2000 N BOY	SHORE DR SUITE	607
	,	Address '	
	mioni Fo	City/State and Zip Code	
		,	
	CAPOLO THINK,	AHEAD NETWORK. CO.	fication)
For further information co	ncerning this matter, please ca	-	,
LYGIA COPOL		at (<u>305</u>) 748 Area Code Daytim	- 1043
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	文\$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

THINKAHEND SMART (Name of the Limited Liability (A Florida Liability)	SOLUTIONS LLC Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>しり구のの237037</u> .	npany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u>ss)</u> =
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> is <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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

Title	<u>Name</u>	Address	Type of Action
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		mipmi, FL, 33137	Z Remove
			Change
<u>AMBR</u>	COSCINO, ALGNANDRE P	2000 N BDYSHORE DR	Add
		mipmi, FL, 33137	⊠ Remove
			Change
AMBR	CAPITAL FOR REAL !!	1100 SOUTH FEDERAL HWY	\ Add
		SUITE STR DEERFIELD BEACH, FL	3 <u>3///</u> □ Remove
			Change
			🗆 Add
-			□ Remove
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Page 3 of 3

Filing Fee: \$25.00