

L17000258730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

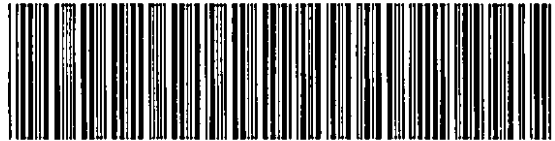
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB 12 PM 7:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Thoughts LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Leiser

Name of Person

Thoughts LLC

Firm/Company

1903 Brentwood Ave ~~Lake Worth~~

Address

Lake Worth FL 33460

City/State and Zip Code

~~Thoughts~~ thoughtsusaband@a@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Leiser

Name of Person

[

at (561)

Area Code

932-6365

Daytime Telephone Number

Enclosed is a check for the 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:

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

Thoughts 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 December 19, 2017 and assigned
Florida document number 17000258730.

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:

Angela Leiser

New Registered Office Address:

1903 Brentwood Ave

Enter Florida street address

Lake Worth

Florida

33460

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.

Angela Leiser

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Angela Leiser	1903 Brentwood Ave	<input type="checkbox"/> Add
		Lake Worth FL 33460	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Benjamin Rothschild	1796 Fiscott Road	<input type="checkbox"/> Add
		Junco Beach, FL	<input type="checkbox"/> Remove
		33470	<input checked="" type="checkbox"/> Change
AMBR	Joshua D.A. Ewers	17186 Murcott	<input type="checkbox"/> Add
		Boulevard Loxahatchee	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roman Conte	538 Azure Ave	<input checked="" type="checkbox"/> Add
		Wellington 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 2/4/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

~~Feb~~ February 19, 2018

Angela Lin

Signature of a member or authorized representative of a member

Angela Leiser

Typed or printed name of signee