

118000156489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

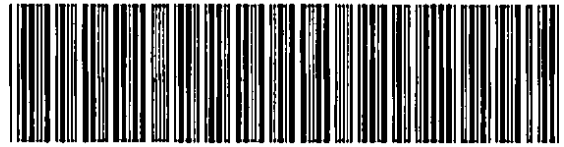
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2021 DEC 10 PM 12:45  
OFFICE OF STATE  
CLERK

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THINKSPACE MEDIA 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:

JAMES SACKEY

\_\_\_\_\_  
Name of Person

THINKSPACE MEDIA LLC

\_\_\_\_\_  
Firm/Company

272 FLANDERS DR

\_\_\_\_\_  
Address

INDIALANTIC, FL 32903

\_\_\_\_\_  
City/State and Zip Code

SACKEY23@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES SACKEY

407 927-2255  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THINKSPACE MEDIA 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 JUNE 26, 2018 and assigned  
Florida document number L18000156489.

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)

272 FLANDERS DR

INDIALANTIC, FL 32903

**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:

JAMES SACKLEY

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

[illegible]

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 NOVEMBER 26 2021

Signature of a member or authorized representative of a member

JAMES SACKEY

Typed or printed name of signee



**Petition for Name Change**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

USCIS  
Form N-662




Name of Court  
United States District Court, Middle District of Florida, Orlando Division

A-063535688

**Information About You (Petitioner)**


As part of the naturalization process, you have the opportunity to legally change your name. Please complete Item Number lines 1 – 8.  
(Type or print clearly.)

1. Full and Correct Name (Current Name)  
Given Name (First Name) NANA KOW ACOLAH Middle Name \_\_\_\_\_ Family Name (Last Name) SACEY
2. Mailing Address  
Street Number and Name 942 WAREHOUSE RD APT 70406 City or Town ORLANDO State FL ZIP Code 32803-3546
3. Country of Citizenship or Nationality Ghana 4. Date of Birth (mm/dd/yyyy) 09/19/1996 5. Alien Registration Number (A-Number) A-063535688
6. ☒ I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.
7. I petition the court to change my name to:  
First Name JAMES Middle Name NANA Last Name SACEY
8. Signature and Date  
Signature of Petitioner (Use your current name)  Date (mm/dd/yyyy) 09/18/2021

**Certification of Name Change**

I certify that the above petition was granted by the court on this date, 11/18/2021  
(mm/dd/yyyy)

Signature of Clerk Elizabeth M. Warren

Signature of Deputy Clerk 

**Important Information**

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.