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Special Instructions to Fi	ling Officer:	
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COVER LETTER

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A		Thin	KFiber LLC		
SUBJE	:СТ:		ited Liubility Company		
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	ility Company or filing. Illowing: Inia Becerra Inia Inia Becerra Inia Inia Becerra Inia Inia Inia Inia Inia Inia Inia Inia	
Please	return all correspo	ndence concerning this matter	to the following:		
			Sonia Becerra		
			Firm/Company		
	3 Greenway Plaza #1320				
			Address		
	Houston, Texas 77046			_	
	City/State and Zip Code				
			 · -	rt notification)	
For fur	ther information co	oncerning this matter, please ca	all:		
	Sonia B Name o				
Enclose	ed is a check for th	ne following amount:			
⊠ \$23	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate Certified C	of Status & opy ny is enclosed)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ussee, FL 32314	Registration S Division of C Clifton Build	Section Forporations ing ve Center Circle	MR 14 P 2:48

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THINKFIB			
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/12/2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5846 NW 21st Street Apt 42E		
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill FL 33313		
Enter new mailing address, if applicable:	5846 NW 21st Street Apt 42E		
(Mailing address MAY BE A POST OFFICE BOX)	Lauderhill FL 33313		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City , Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the		

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>	Type of Action
AMBR	GARY BROWN	5846 NW 21st Street Apt 42E	l Add
		Lauderhill FL 33313	□ Remove
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in effective date is listed, the date must be spote: If the date inserted in this block do	ccific and cannot be prior t ses not meet the applica	o date of filing or more the ble statutory filing requ	in 90 days after filing.) irrements, this date:	Pursuant to 60 will not be list	5.020 ted a
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Filing Fee: \$25.00