121000.	420032
(Requestor's Name) (Address) (Address)	900374359729
(City/State/Zip/Phone #)	11/04/2101018001 **25.00
Special Instructions to Filing Officer:	2023 NOV -4 PH 3: 11

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## COVER LETTER

## **Registration Section** TO: **Division of Corporations**

**ReTHINK Automation LLC** 

SUBJECT: \_\_\_\_\_

Tallahassee, FL 32314

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:

	Caleb Mason		
		Name of Person	
	ReTHINK Automation LLC		
		Firm/Company	
	6080 Highlands Grace Blvd		
		Address	
	Lakeland/FL 33812		
	calebnason77@gmail.com	City/State and Zip Code	
	-	o be used for future annual report notification)	
For further information	concerning this matter, please ca	all:	
Caleb Mason		863 6693420	
Name	of Person	at () Area Code Daytime Telephone Number	 ſ
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
<u>Mailing Addr</u> Registratior Division of P.O. Box 63	Section Corporations	<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

ReTHINK Automation LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar L21000420032 Florida document number		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited lia	ability company here:	
ReTHINK Unlimited LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	ation "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: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		S 2019
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our recoi	ds, enter the name of the new regin
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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 10-27-2021 Whit Wason

Signature of a member or authorized representative of a member

Caleb Mason Typed or printed name of signee