

L23000151633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

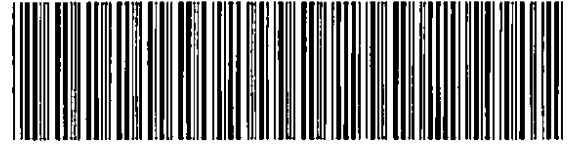
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
STATE OF FLORIDA

Y. SCOTT

JUL 22 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THYNK UNLIMITED
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:

JOSHUA CENDANA
Name of Person

THYNK UNLIMITED
Firm/Company

1359 CONTINENTAL DR.
Address

DAYTONA BEACH, FL. 32117
City/State and Zip Code

THYNKUNLIMITEDLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOSHUA CENDANA at (407) 271-1334
Name of Person Area Code 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 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**

THYNK UNLIMITED

(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 04/14/23 and assigned Florida document number L23000151633.

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)

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TALLAHASSEE, FLORIDA

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: JENNIPHER GUTAUCKIS

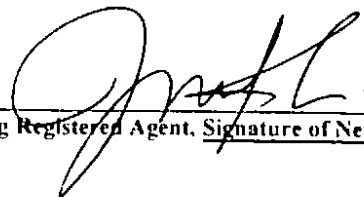
New Registered Office Address: _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JENNIPHER GUTAUCKIS	1359 CONTINENTAL DR	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH, FL. 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA CENDANA	1359 CONTINENTAL DR.	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH, FL. 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Jennifer Gutauckis</u>	<u>1359 Continental Dr</u>	<input type="checkbox"/> Add
		<u>Daytona Beach, FL 32117</u>	<input checked="" 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

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 FILED
 REMOVE
 CHANGE
 ADD

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

CHANGE OF OWNERSHIP, ACCIDENTALLY PUT JENNIPHER AS OWNER AND JOSHUA

REGISTERED AGENT

CHANGES:

JENNIPHER GUTAUCKIS FROM OWNER TO REGISTERED AGENT

JOSHUA CENDANA FROM REGISTERED AGENT TO MANAGER OWNER

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CLERK OF SUPERIOR COURT
STATE OF NEW YORK

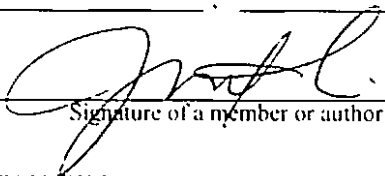
E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 29 2023



Signature of a member or authorized representative of a member

JENNIPHER GUTAUCKIS

Typed or printed name of signee