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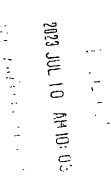
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: THINK BIG CLUB 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:				
Fel-a Behzaire Name of Person				
Firm/Company				
4928 Regina Ct				
Address				
W.P.B F233415				
City/State and Zip Code				
Feloumobele hohov. Lon E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Felia Belizaire at (561) 667-1128 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \Bigcup \Bigc				

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

Thirth	BIG CLUBS DULLE AM 10: 03
(Name of the Limited Lability Compa- (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2.3000307489	7-11-19-13-13-13-13-13-13-13-13-13-13-13-13-13-
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 Liabile Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing/Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
4MBR	Felia Belizaire	4928 Regina ct West falm Booch	(Br\dd
		West falm Booch	□Remove
			□Change
			□Add
			Remove
		-	□ Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00