# 123000512343

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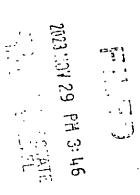
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# **COVER LETTER**

TO:		istration Sec sion of Corp						
ern rez		THINK FWD, LLC						
SUBJEC	L. I :		Name of Lan	nted Liability Company				
The encl	losed	Articles of z	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn	all correspor	ndence concerning this matter	to the following:				
			VANDERLEI MARQUES	S DE LIMA FILHO				
				Name of Person				
				Firm/Company				
			153 SUMMERSHORE DE	R				
				Address				
			AUBURNDALE/FL 3382	.3				
				City State and Zip Code				
			MOMENTUMAMZN@GN		2			
For furth	ner in	formation co	i:-mail address. ( oncerning this matter, please o	to be used for future annual report notification)  all:	2023 1.0V 29			
VANDI	ERLI	EI MARQUE	ES DE LIMA FILHO	863 5134504 at()	V 29			
	,	Name of	Person	Area Code Daytime Telephone Number	P			
Unclosed	a is a	check for th	e following amount:	- :	3: 46			
II \$25.	.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee Certified Copy Certificate of St Certified Copy (additional copy is a	atus &			
	Reg Div P.O	ling Address sistration S ision of Co Box 632 lahassee, F	ection orporations 7	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

THINK FWD, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/13/2023	and assigned
Florida document number 1.23000512343		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lud	oility Company," the designation "LLC" or	the abbreviation "L. I. C."
Enter new principal offices address, if applicable:		·- · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		2
Truning Luaress MAT BLATOST OFFICE BOX	•	3
	· · · · · · · · · · · · · · · · · · ·	29
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:		
		3: 46 3: 46
Name of New Registered Agent:	······································	1 1 6
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	Cuv	la

### 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>	Type of Action
MGR	JAMILE GOUVEA DE MESQUIT	153 SUMMERSHORE DR	
		AUBURNDALE/FL 33823	■Remove
			□ Change
			⊒Add
			Remove
			Change 2007 100 100 100 100 100 100 100 100 100
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			□ Change
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			Change

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record specifies a delayed e he 90th day after the record		, but not	an effecti	ve time, a	t 12:01 a.r	n. on the	e earlier
ed		1/20/2023	<u>.</u> •				
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