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COVER LETTER

TO: Registration S Division of Co			
	l Estate Referral Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lindsay Minter		
		Name of Person	75.
	Think Real Estate		
		Firm/Company	,
	11525 Hutchison Blvd. Su	ite 102	
		Address	
	Panama City Beach, FL 32	407	
	lindsay.minter@whenyouth	City/State and Zip Code ink.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Lindsay Minter		850 319-5704 at ()	
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, F.L.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Think Real Estate Referral Group LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number 1.23000537346	e filed on 12/4/2023 and assigned
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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· ·
(Principal office address MUST BE A STREET ADDRESS)	
	29
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	11; <u>42</u>
	of the new registeres
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registered
ageneration the new regions	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
****	Cin: 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 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
MGR	B. Cody Shields	11525 Hutchison Blvd. Suite 102 PCB, FL 32407	
			Remove
			Change
MGR	Zacarias Sanchez	11525 Hutchison Blvd. Suite 102 PCB, FL 32407	
			Remove
			☐ Change
AMBR	B. Cody Shields	11525 Hutchison Blvd. Suite 102 PCB, FL 32407	
		· .	□ Remove
			□Change
			□Add
			□Remove
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ective date, if other than the reffective date is listed, the date mu- te: If the date inserted in this bl cument's effective date on the D	n be specific and cannot ock does not meet the	e applicable stai	mory ming requ	(option 90 days after the firements, this	iling.) Pursu	uant to 605.02 tot be listed
cord specifies a delayed effectives filed.	e date, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th	ı day after t
Feb. 29	202-	ļ				
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			resentative of a m			