L23000538045

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ALLAHASSEE, FLORII

124 JAN 31 PM 2: 52

COVER LETTER

TO: Registration So Division of Co						
Thinking.F			,			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Gus Harper					
		Name of Person				
	Gardner, Bist, Bowden, De	ee, Lavia, Wright, Perry & Harper				
	_	Firm/Company				
	1300 Thomaswood Drive					
		Address				
	Tallahassee, Florida 32308	3				
		City/State and Zip Code				
	gus@gbwlegal.com		·			
		to be used for future annual report not	ilication)			
For further information of	concerning this matter, please ca	all:				
Gus Harper		850 385-0070 at ()				
Name o	f Person		ne Telephone Number			
Enclosed is a check for t	he 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		Street Address:	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallahassee				

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Thinking.Fun, LLC

company has been notified in writing of this change.

2024 JAN 31 AM 10: nn

(Name of the Limited Liability	Company as it now appears on Limited Liability Company)	our records.)
·	, , ,	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Co	mpany were filed on Decem	and assigned
Florida document number L23000538045	_'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Thinkin Fun, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered	office address on our reco	rds, enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	Areet address
	Cin	, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a		
provisions of all statutes relative to the proper and co accept the obligations of my position as registered age		
being filed to merely reflect a change in the registered		

If Changing Registered Agent, Signature of New Registered Agent

If amending Aythorized 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>	Address	Type of Action
			□Add
			Remove
		 	☐ Change
			□ Add
			□Remove
			Change
			Remove
			□Change
			□ Add
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			Change
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Effective date, if other than the fan effective date is listed, the date m	ie date of filin ust be specific an	ng:	to date of filing	or more than 90 da	(optional)	suant to	605.0207
Note: If the date inserted in this bedocument's effective date on the l	block does not	meet the applic	able statutory	filing requireme	nts, this date will	not be l	isted as
abedinent s'effective date off the f	Department of	State & records					
e record specifies a delayed effecti rd is filed.	ive date, but no	et an effective t	ime, at 12:01 :	i.m. on the earlie	r of: (b) The 90	th day a	fter the
January 5		2024					
	7	· ———					
		<u> </u>					

Typed or printed name of signee