

L24 000 387.840

(WA)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

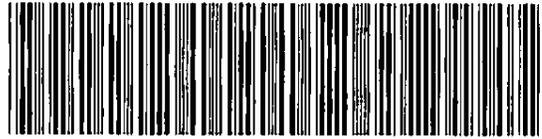
(Business Entity Name)

(Document Number)

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2024 SEP 13 PM 2:44
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THINK GREEN INVEST 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:

Mark Thomas

Name of Person

M.A. Thomas Accounting services LLC

Firm/Company

11594 SW Fieldstone Way

Address

Port ST Lucie

City/State and Zip Code

markthomasal@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Thomas

Name of Person

at (561)

Area Code

315-0776

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**

THINK GREEN INVEST LLC

(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 09/10/2024 and assigned Florida document number L24000387840.

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)

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TALLAHASSEE FL

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Mark Thomas

New Registered Office Address: 11594 SW Fieldstone Way
Enter Florida street address

Port St Lucie, Florida 34987
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	GEROGE A BRAMBILIA	3419 TUSCANY WAY 3419	<input type="checkbox"/> Add
		BOYNTON BEACH	<input checked="" type="checkbox"/> Remove
		FLORIDA 33435	<input type="checkbox"/> Change
AMBR	GEORGE A BRAMBILLA	3419 TUSCANY WAY 3419	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH	<input type="checkbox"/> Remove
		FLORIDA 33435	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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