# L24000462083

(Requestor's Nam	ne)
(Address)	
( 2007)	
(Address)	
(City/State/Zip/Ph	one ff)
(City/State/Zip/Fil	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Sanial lantuations to Filing Officer	
Special Instructions to Filing Officer:	
	İ
<u> </u>	

Office Use Only



600454659726

07/21/25--01039--026 ++63.6





#### Florida Department of State

07-15-2025

**Business:** Reed Think Consulting, LLC

Return Address: 5655 Gerald Brooks RD Baker, FL 32531

**Phone**: 580-483-9236

Email: reedthinkconsulting@gmail.com

### **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, Fl. 32314

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Division of Corporations  Read Think Consulting, 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:  Mitchel Reed  Name of Person  Reed Think Consulting, LLC  Firm/Company  5655 Gerald Brooks RD  Address  Baker/FL 32531  City/State and Zip Code  reedthinkconsulting@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mitchel Reed  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:			
riease return an correspo	indence concerning ans matter	to the following.	
	Mitchel Reed		
		Name of Person	<u> </u>
	Reed Think Consulting, L.	I.C	
		Firm/Company	
	5655 Gerald Brooks RD		
		Address	
	Baker/Ft_ 32531		
		City/State and Zip Code	· <del></del>
	E-mail address: (	to be used for future annual report noti	lication)
For further information c	oncerning this matter, please c.	all:	
Mitchel Reed		580 483-9236	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	-	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
2 325.00 Time rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 5		Registration Sec Division of Cor	
Division of C		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JUL 21 AMII: 10

Reed Think Consulting, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 30th, 2024	and assigned
Florida document number L24000462083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		·
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ne of the new registered
Name of China De Catanad A cons		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
******	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is
<b>~~</b>		· · · · · · · · · · · · · · · · · · ·

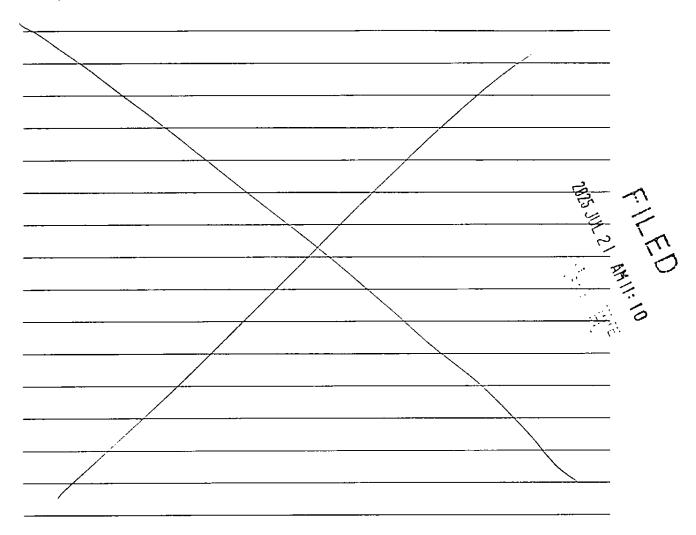
If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Michele Courtney Reed	5655 Gerald Brooks RD Baker, FL 32531	
			□Remove
			· ☐Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		/	□ Add
			□Remove
		/	□Change
<del></del>			🗆 Add
			□Remove
			□Change
	<del></del>		①Add
			□Remove
	/		□Change

#### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



	7/14/25	
E.	. Effective date, if other than the date of filing:	(optional)
	(If an effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	Note: If the date inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as the
	document's effective date on the Department of State's records.	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 14th	2025	
	Signature of a member or authorized representative of a member	
Mitchel Reed	Cignature of a member of authorized top 2 sensitive of a reference.	
·	Typed or printed name of signee	

Filing Fee: \$25.00