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(F	Requestor's Name)
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PICK-UP	WAIT MAIL
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2021 OCT -8 PH 1: 37 SEGRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ALL MY SOUS MOUING & STORAGE OF SOUTHWEST FLORIDA, THE
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Linda Dubberly Name of Contact Person
ALL MY SODS MOUNG & STORAGE OF SOUTHWEST FLOCION, THE.
14660 Jetport Loop, Bld. B., Suite 7
Fort Myers, FL 33913 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Dubberly at (239), 271-3900 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of 2021 OCT -8 PM 1:37

SECRETARY OF STATE TALLAHASSER, FL

ALL MY SONS MOVING & STORAGE OF					
(Name of Corporation as currently f					
P 126006 30 (Document Number of C					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
Think Busines	SS, INC. The new				
name must be distinguishable and contain the word "corporation," "con" lnc,," or Co.," or the designation "Corp," "Inc," or "Co" A p "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable:	10012 Gulf Center Drive				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ste 5-160				
	FORT Myers, FL 33913				
C. Enter new mailing address, if applicable:	10012 Gulf Center Drive				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_				
-	Stc 5-160				
	Four Myers, FL 33913				
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the				
Name of New Registered Agent N/A					
(Florida street					
New Registered Office Address: N/A	, Florida				
(()	tty) (Ztp Code)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
	1.				
Signature of New Registered Agent, if changing					
Signature of New Regi	sterea Agent, ij changing				

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\underline{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Matthew Hoyos	14660 Jerport Loop
Add			Suite 7
X Remove			FORT MYING, FL 33913
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
_ Add			
Remove			
5) Change			
Add			
Remove			
6) Change		4	
Add			
Remove			

	l sheets, if necessary). (Be specific)		,
	N/A		
· — — — — — — — — — — — — — — — — — — —			
provisions for	t provides for an exchange, reclassificati mplementing the amendment if not conta cable, indicate N/A)	on, or cancellation of issued shares, ained in the amendment itself:	
	N/A		
	/ <u>\/ </u>		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
11 The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame officient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	···	
,	(voting group)	
selecte	rector, president or other officer—if directors or officers have red, by an incorporator—if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Pre sident (Title of person signing)	