## P15000044847

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(Ad	ldress)	
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S. PRATHER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: THINKSMART ENTERPRISES, INC.  DOCUMENT NUMBER: P150000 44847
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:    Vana   B, Stewart   Name of Contact Person
Name of Contact reson
1535 Killearn Centr Blud Suite A-1A  Address  Tallahassee FL 32309  City/ State and Zip Code
t to the total
Maney. stewarte nancyblackstewart, Com Me-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Name of Contact Person  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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

Articles of inco	грогаціон	
Think Smart Enterpr	rises, Inc,	
(Name of Corporation as currently	filed with the Florida Dept. of State	<u>e</u> )
P 15 0000	4 4 8 4 7	
(Document Number of C	<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:	N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation nam	or the abbreviation
no di sala di	$\mathcal{N}/A$	NT.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7 7 7 7	
·		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent	/ <del>/</del>	
(Florida stree	et address)	<del></del>
Triorati sir et	11 1	
New Registered Office Address: \(\simega\)	Y/A, Florida	(Zip Code)
(C	-	(zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the p	osition.
. /	1 1	
$\sim$	gistered Agent, if changing	<del></del>
Signature of New Re	gistered Agent, if changing	

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)

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	D	Isabella Si Cex	15500-A George Blva Clearwater
Add Remove			<u>Clearwater</u> FL 33760
2) Change			
Add Add Remove			
•			
3) Change			
Add Add Remove			
4) Change			
NA - Add			
Remove			
5) Change			
No Add			
Remove			
6)Change			
NA - Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary)	. (Be specific)	. ∫ /i	
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n amendment provides for an exci	hange reclassification (	or cancellation of issued charac	
ovisions for implementing the ame	endment if not contained	in the amendment itself:	
(if not applicable, indicate N/A)			
		1//4	
		<i></i>	

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other the	han the
Effective date if applicable:  (no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed	as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	t	
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
(voting group)	75.75	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	T JUL	<b>T</b> 1
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	70 PM	
Dated - July 3, 2017	6: <b>3</b> 6	£
Signature Bann B. Stewart		
(By a director, president or other officer - if directors or officers have not been	<del></del>	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciary by that fiduciary)		
(Typed of printed name of person signing)	<u> </u>	
(1 yped of printed name of person signing)		
Secretary, Treasurer		
(Title of person signing)		