

L110VDD89405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

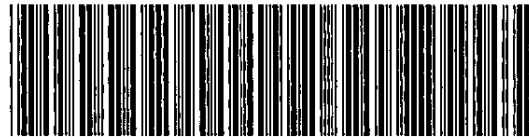
A

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B. KOHR

JUN 12 2012

EXAMINER



900235968379

06/11/12--01022--023 **25.00

12 JUN 11 PM 4:02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN LINK SOLUTIONS, 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:

RECEIVED
DIVISION OF CORPORATIONS
JUN 11 PM 4:02

CARLOS DE CARO
Name of Person

AMERICAN LINK SOLUTIONS, LLC
Firm/Company

7500 NW 25TH ST SUITE 249
Address

MIAMI, FL 33122
City/State and Zip Code

INFO@AMERICANLINKSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS DE CARO at (**786**) **853-2017**
Name of Person Area Code & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMERICAN LINK SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2011 JUN 11 11:41 AM
RECEIVED
STATE OF FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 08/04/2011 and assigned
Florida document number L11000089405.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7500 NW 25TH ST SUITE 249
MIAMI, FL 33122
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7500 NW 25TH ST SUITE 249
MIAMI, FL 33122
(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: CARLOS DE CARO

New Registered Office Address: 7500 NW 25TH ST SUITE 249

Enter Florida street address

MIAMI, Florida 33122
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 688, 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.

X
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

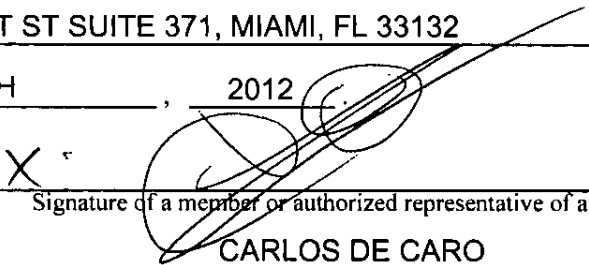
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS DE CARO	7500 NW 25TH ST SUITE 249 MIAMI, FL 33122	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NOTE: REGISTERED AGENT AND MANAGER WILL STILL BE THE SAME
PERSON, CARLOS DE CARO; HOWEVER, THE ONLY ADDRESS WILL
CHANGE TO THE NEW ADDRESS: 7500 NW 25TH ST SUITE 249,
MIAMI, FL 33122. THE OLD PRINCIPAL ADDRESS OF THE BUSINESS
WAS 111 NE 1ST ST SUITE 371, MIAMI, FL 33132

Dated JUNE 6TH, 2012



Signature of a member or authorized representative of a member

CARLOS DE CARO

Typed or printed name of signee