

L15000021285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 18 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINECODE TECHNOLOGY LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

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

For further information concerning this matter, please call:

DANILO SANTANA
Name Person

(407) 674-8969
Phone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
Executive Center Circle
Tallahassee, FL 32301

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

LINECODE TECHNOLOGY, LLC.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Florida Limited Liability Company were filed on 02/04/2011 and assigned Florida document number .

Florida document number: L15000021285.

Article I

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."

Article II

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)

Article IV

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: _____

New Registered Office Address: _____

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.

Signature of New Registered Agent, if changing

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

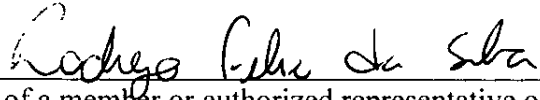
Title	Name	Address	Type of Action
AMBR	DE FARIA FELIX, NARA BEATRIZ	2352 GRAND CENTRAL PKWY#14	REMOVE ☐
		ORLANDO, FL 32839	ADD ☒

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

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: , .



Signature of a member or authorized representative of a member

RODRIGO FELIX DA SILVA
Typed or printed name of signee

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TALLAHASSEE, FLORIDA