2001 UNIFORM BUSINESS REPO TUBRI

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LINK SYSTEM SOLUTIONS, LLC							01 MAR 26 PM 1: 09				
Principal Place of Business Mailing Address							1				
20100 HIGHLAND LAKES BLVD 20100 HIGHLAND LAKES BI MIAMI FL 33179 MIAMI FL 33179							SECRETARY OF STATE TACLAHASSEE FLORIDA				
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		ess	3. Mailing Address	 -		 					ه منسوره
20100 Suite, Apt.		NO LAKES BLUD	20100 HIGHLAND LAKES BLUD Suite, Apt. #, etc.				DO NOT MIDITE IN THIS COACE				
							DO NOT WRITE IN THIS SPACE				
City & Stat			City & State MIAMI FL			4. FEI N	og 81054			applied For lot Applicable	,
Zip Country			Zip	try	5 Certificate of Status Desired Status Desired 55.00 Additional					7	
3317		USA and Address of Current I	33179 Registered Agent	<u> </u>	S <i>A</i>		e and Address of New R		Fee Requir laent	ed	-
Name											7=-
SHAHAB, EMILIE 20100 HIGHLAND LAKES BLVD MIAMI FL 33179					Street Address (P.O. Box Number is Not Acceptable)						1
MIAMI FL	. 331/9				City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Co	de	\dashv
8 The above	named entity	submits this statement for	the number of changing its r	enistera	······································						-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required							ng)	DATE			
FILE NOW!!!-FEE IS \$50.											7
				Departmen							
9 MANAGING MEMBERS/MEMBERS						<u></u>	ADDITIONS/	CHANGES			4
TITLE	FMIL	IE SHAHAB	MG KM □ Delete	10. TITLE					☐ Change	Addition	18
NAME STREET ADDRESS	ME AND HIGHIAUD LAKES RIVD										3 (1
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STREET ADDRESS CITY-ST-ZIP			·		T ADDRESS ST-ZIP			,			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: WORK REQUIRED											
		D TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR	AUTHORIZED REPR	RESENTATIVE	Date	Da	ytime Phone #		1