L01000014796

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2014 FEB -7 AMII:

FEB 1 0 2013 **T. HAMPTON**

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Sovre LINK 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:
SUZANNE NOLAN Name of Person SOURCE LINK VSA, LLC Firm/Company 1867 PURTER LAKE DT. Address SAVASOTA FL 34240 City/State and Zip Code Snolan 1867 @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Suzanne Nolan at 94, 704-0908 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

SOURCELIN	
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 1000016796</u> .	were filed on 10 1 Zool and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SOURCELIN The new name must be distinguishable and end with the words "Limite" L.L.C."	K USA, LLC. ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1867 PORTER LAKE DE SACASOTA FL 34240
	34240
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	TICRETARY
New Registered Office Address:	From Florida de 19 P
	Enter Florida street address
	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 60 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.

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 **Type of Action** Title **Name Address** Add Remove Add Remove Kemove Remove Remove Add Remove

Smnu	December 4, 2013 Signature of a member or authorized representative of a member Suzanne M. Nolan	amending any d	other information, enter change(s) here: (Attach additional sheets, if necessary.)
Sm M	Signature of a member or authorized representative of a member		
Sm M	Signature of a member or authorized representative of a member		
Sm M	Signature of a member or authorized representative of a member		
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Sm M	Signature of a member or authorized representative of a member	<u> </u>	2 11 222
- M M		<u> Decen</u>	NBER 4, 2015

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Filing Fee: \$25.00

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2014FEB-7 MIII: 13
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