

LO6000100387

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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MAR 24 2008

EXAMINER

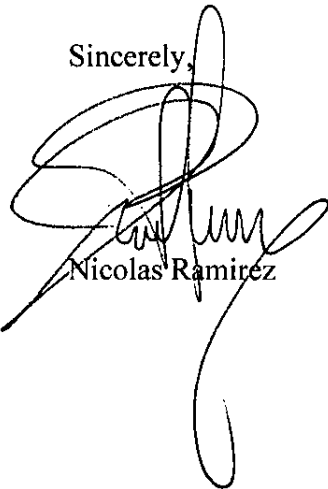
March 19, 2008

Egglink Network, LLC
5201 Blue Lagoon dr, suite 939
Miami, FL 33126

To whom it may concern,

I've attached an amendment to add Andres Cala, Andres H Gutierrez, and Lili Ramirez to articles of organization as Managing Members. If you have any questions I may be reached at 954.245.9665 or 786.863.8133.

Sincerely,



Nicolas Ramirez

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Egglinknetwork, 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:

Nicolas Ramirez

(Name of Person)

Egglinknetwork, LLC

(Firm/Company)

5201 blue lagoon dr. suite # 939

(Address)

Miami, FL, 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicolas Ramirez

(Name of Person)

at (954) 2459665

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Egglinknetwork, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2007 and assigned
Florida document number L06000100387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

N/A

New Registered Office Address:

N/A

(Enter Florida street address)

Florida

(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 608, 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.

N/A

(If Changing Registered Agent, Signature of New Registered Agent)

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2008 MAR 14 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	Andres Cala	5201 blue lagoon dr. suite # 939 miami, fl, 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andres H. Gutierrez	5201 blue lagoon dr. suite # 939 miami, fl, 33126 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lili Ramirez	5201 blue lagoon dr. suite # 939 miami, fl, 33126	<input checked="" 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.)*

N/A

Dated March 14, 2008

Nicolas Ramirez

Signature of a member or authorized representative of a member

Nicolas Ramirez

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA