## 07000118786

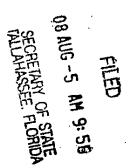
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M. Thomas

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT: Cit	(Name of Lim	of the Lindbillity Company)	<del></del>	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Yokas	ta Reyes (Name of Person)	· · · · · · · · · · · · · · · · · · ·	
	Citiliak	Realty LLC (Firm/Company)		
	PO BOX	135712 (Address)	<del></del> _	0
	Clermon	+ Florida 347 (City/State and Zip Code)	13	SECRETARY OF STATE
For further information cond	cerning this matter, please o	all:		SE OF SE
Yokasta (Name of P	Reyes erson)	at (407) 491-02 (Area Code & Daytime Tel	ephone Number)	OHIDA OHIDA
Enclosed is a check for the f	, ·	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i	

**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

Citilink Realty 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 Florida document number <u>LO7000118786</u> .	were filed on 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:				
First Link Realty Internat	ional LLC				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	4700 Millenia Blud Ste 175				
(Principal office address MUST BE A STREET ADDRESS)	Orlando Florida 32839				
Enter new mailing address, if applicable:	P.O. BOX 135712				
(Mailing address MAY BE A POST OFFICE BOX)	Clermont Florida 34713				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	ice address on our records, enter the name of the new				
	(Enter Florida street address)				
	(City) Florida 7 (ZtaCbde)				
New Registered Agent's Signature, if changing Registered Agent:	OHO STATE				

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.

(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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
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			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	08 AUG -5 AM 9:58 SECRETARY OF STATE TALLAHASSEF, FLORIDA
Dated AU	Yokasta Reye	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00