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EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TR	APELINK RE (Name of Lim	SWICES, LUC_ ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		(Name of Person) SELINK RESOURCES (Firm/Company)	5, LCC
		6 S. US Hwy 44 (Address)	
· .	LAKE	(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	SSE TO
JUANITA S	STILL Person)	at (386 ₎ 288 63 (Area Code & Daytime T	selephone Number)
Enclosed is a check for the	e 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)
MAII.II	NG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TRANSIINK RESOURCES, ILC

(Name of the Limited)	Liability Company as it now as Florida Limited Liability Compa	opears on our records.)		
The Articles of Organization for this Limited Lia	ability Company were filed on		08 and assign	ed
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company	<u>y here</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	ompany," the designation	"LLC" or the abbr	eviation
Enter new principal offices address, if applica	ble:			11.44 \$1.
(Principal office address MUST BE A STREET	ADDRESS)		55.	k
	•		TO E	i E i
			52 5	
Enter new mailing address, if applicable:			0.00	
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:	COY WESLEY V	VILLIAMS		
New Registered Office Address:	COY WESLEY W 10966 S. US LAKE CITY (City)	HWY 44/	ddress)	
	1111-101	(Emer Frontal street a	32025	
	LAKE CITY (City)	, Florida _	(Zip Code)	
New Registered Agent's Signature, if changing R				

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 = Manager

MGRM = Managing Member **Title** <u>Address</u> Type of Action MGR' JC, STILL 10966 S. US HWY 44/ DANG LAKE CITY, FL., 32025 Remove

"MGR' Coy W. WILLIAMS 10966 S. US HWY 44/ DANG
LAKE CITY, FL. 32025 Remove Remove Remove " 1021 1225 1256 09 ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00