09000075373

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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T. CLINE NOV - 9 2010 EXAMINER

Office Use Only

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	,	COVER LETTER	
TO: Registration Division of C			
SUBJECT:		LINQ USA LLC	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	(Gerald W. Gritter, Esq.	
		Name of Person	
		Gerald W. Gritter PA	
		Firm/Company	- 2
	120 E P	almetto Park Road, Suite 425	
		Address	
		Boca Raton FL 33432	
		gritterpa@gmail.com	
_ <u>s</u>	E-mail address:	to be used for future annual report notification	
For further information	concerning this matter, please	call:	
	rald W. Gritter	at ()	-8899
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661, Executive, Center O Tallahassee, FL 32301	5
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARELINQ USA 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 <u>August 5, 2009</u> and assigned Florida document number L09000075373

This amendment is submitted to amend the following:

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

CARELINQ INTERNATIONAL LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)		ets TS	
		GR	- T)
Enter new mailing address, if applicable:	 	~~~	11
(Mailing address MAY BE A POST OFFICE BOX)	 50		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	 448	0	
			<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Fl	orida 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.

If Changing Registered Agent, Signature of New Registered Agent

1

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Addo Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.,)
Dated	November 2, 201.	H -	
_	Gerald W.	or authorized representative of a member Gritter, attorney-in-fact	
_	Typed or	r printed name of signee Page 2 of 2	
	Fili	rage 2 of 2	