## L09000089197

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## **COVER LETTER**

Registration Se Division of Cor			
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·		ited Liability Company	
	LUZ MARINA HERNAN	DEZ	
		Name of Person	
	ACCOUNTING & INCO:	ME TAX SERVICES CORP.	
		Firm/Company	
	5532 SW 164TH PLACE		
		Address	<del></del>
	MIAMI, FL 33185		
	MARIAJZAPATA@HOTN	City/State and Zip Code MAIL.COM	
	E-mail address: (	to be used for future annual report no	tification)
r information ed	oncerning this matter, please ca	all:	
OSE ZAPATA		786 340-7685	
Name of	Person	Area Code Daytii	me Telephone Number
s a check for th	e following amount:		
) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	2698 LINK T:  information cooperate of Articles of Art	2698 LINKSIDE, LLC.  The sed Articles of Amendment and fee(s) are substructed at the sed Articles of Amendment and fee(s) are	Seed Articles of Amendment and feets) are submitted for filing.   Seed Articles of Amendment and feets) are submitted for filing.   Item all correspondence concerning this matter to the following:   LUZ MARINA HERNANDEZ

. , , , , , ,

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2698 LINKSIDE, LLC.

2021 OCT 25 PM 1:55

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our recoinability Company)	rds) OF STATE
	SEPTEMBED 1	OF STATE
The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER I	and assigned
Florida document number L09000089197		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L. I. C."
Enter new principal offices address, if applicable:	1216 STERLING PINE PLA	
(Principal office address MUST BE A STREET ADDRESS)	LOXAHATCHEE, FL 33470	)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. 16		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	7	
	Enter Florida street addre	ANS
		Torida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<del></del>	□Add
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areneen oter liit	date, if other than the date is listed, the date inserted in this is effective date on the	block does not me	et the applicable	LDLI e of filing or more th statutory filing req	(optional an 90 days after film uirements, this dat	2.) Pursuant to 605.02
record sp is filed.	occities a delayed effect	tive date, but not a	n effective time, :	it 12:01 a.m. on th	e earlier of: (b) - T	he 90th day after th
ated	10/07/20	21	1,2	1 /		