# L09000109773

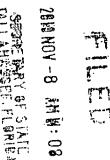
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**EXAMINER** 

# **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Robert Levy Name of Person
	Linked a Capital Firm/Company
	3000 NE 30th Place Stude # 403 TI
	Fort Lauderdale, FL 33308 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Robert Levy at (248) 891-4511  Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>\$2:</b>	5.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

# · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linked a	(Capital "LLC"			
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 09 000 109 T</u>	ty Company were filed on			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."		lesignation "LLC" or the abbreviation		
Enter new principal offices address, if applicables				
(Principal office address MUST BE A STREET AI	ODRESS)			
		<u>=================================</u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2	## do F		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our reco address here:	rds, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florie	da street address		
_	City	, Florida Zip Code		
	· •	4		

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

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>	Name	Address	Type of Action
MGRM	Jeff Goldstein	7486 RidgeFrela Lane Lake Worth, FL 33467 US	Add Remove
<u>M68</u> M	Ivan Hoser	5944 (oral Ridge Drive #110 Coral Springs, FL 330710	Add Remove
	•		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	ZIN NOV -
			10V -8 M
	November 4, 2		09 PM
Dated	<del>-</del> , ,	er or authorized representative of a member	
	Rol	bert Levy d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00