

L11006677804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

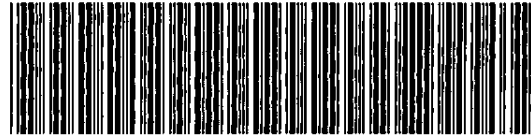
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700214848487

12/09/11--01012--025 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC -9 PM 2:40

FILED

T. HAMPTON

DEC 12 2011

EXAMINED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MINING LINK LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JONATHAN ASERRAF**  
Name of Person  
  
Firm/Company  
  
**7950 NW 53RD STREET, SUITE 215**  
Address  
  
**MIAMI, FL 33166**  
City/State and Zip Code  
  
**JA@OFFIXSOLUTIONS.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JONATHAN ASERRAF** at ( **305** ) **799-1576**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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      FILED  
OF**

2011 DEC -9 PM 2:40

MINING LINK LLC

(Name of the Limited Liability Company as it now appears on our records)      SECRETARY OF STATE  
FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/06/2011 and assigned Florida document number L11000077804.

This amendment is submitted to amend the following:

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

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: 10125 NW 116th Way, Suite 13  
*(Principal office address MUST BE A STREET ADDRESS)* Miami, FL 33178

Enter new mailing address, if applicable: 10125 NW 116th Way, Suite 13  
*(Mailing address MAY BE A POST OFFICE BOX)* Miami, FL 33178

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

Name of New Registered Agent: GONZALO LARRAGUIBEL  
New Registered Office Address: 10125 NW 116th Way, Suite 13  
*Enter Florida street address*  
MIAMI, Florida 33178  
*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.*

GONZALO LARRAGUIBEL  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LARRAGUIBEL, Gonzalo	7950 NW 53RD STREET SUITE 215 MIAMI, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LARRAGUIBEL, Gonzalo	10125 NW 116th Way Suite 13 Miami, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 2011 DEC -9 PM 2:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated DECEMBER 7TH, 2011

GONZALO LARRAGUIBEL  
Signature of a member or authorized representative of a member

GONZALO LARRAGUIBEL  
Typed or printed name of signee