

L13 000071958

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2019 NOV 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC'D
NOV 12 2019
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINKVEST CAPITAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO URIBE

Name of Person

LINKVEST CAPITAL LLC

Firm/Company

175 SW 7TH ST. SUITE 2101

Address

MIAMI, FL. 33130

City/State and Zip Code

cnino@linkvestcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO URIBE

305 523 65 76
at ()

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
OF**

FILED

LINKVEST CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

2013 NOV 12 P 2:24

The Articles of Organization for this Limited Liability Company were filed on 05/16/2013 **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
Florida document number L13000071958

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 contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	URIBE, JORGE A. JR	175 SW 7TH STREET	<input type="checkbox"/> Add
		SUITE 2101	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

RICARDO URIBE
Typed or printed name of signee

Linkvest Capital LLC
175 SW 7th St. Suite 2101
Miami, FL. 33130

November 07th, 2019

To Whom It May Concern,

Our daytime telephone number is **(305)5236576** and the address is **175 SW 7th St. Suite 2101. Miami FL 33130**

Thank you.

Laura V. Londono