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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|------------------------------|
| SUBJECT: LYNK Relunder | 1+4 LLC Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) a | | |
| Please return all correspondence concerning this | natter to the following: | |
| Rachel | Liberson Name of Person | - |
| Securi | tics capital Firm/Company | _ |
| 2100 5 | Osceon Ave #100° | |
| orlando | City/State and Zip Code | 5 7 |
| Rachel (E-mail add | ress: (to be used for future annual report notification) | SO EMP |
| For further information concerning this matter, p | ease call: | |
| Rachel Uberat Name of Person | at (<u>407</u>) <u>408 1022</u> Area Code & Daytime Telephone Numb | ner |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee Certificate of St | | Filing Fee, cate of Status & |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lunk Realty | 1, LLC | |
|--|---|---|
| (Name of the Limited Liability) (A Florida | ty Company as it now appears on Limited Liability Company) | ou <u>r records.</u>) |
| The Articles of Organization for this Limited Liability | • | 12013 and assigned |
| Florida document number <u>L13000098954</u> | • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | # F |
| | | 000 |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | n | N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Enter F | lorida street address |
| | City | , Florida 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

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> | Address | Type of Action |
|--------------|--------------|--|----------------|
| MAR | Jerry Whited | 260 SOSCOR Ave | Add |
| | | Suite 101 | Remove |
| | | orlando, FC 32900) | <u> </u> |
| | | | Add |
| | | | Remove |
| | | The state of the s | f . |
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Filing Fee: \$25.00

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