13000145131

(Re	equestor's Name)	
(Ad	ldress)	W W
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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03/27/14--01012--005 **25.00

B. BOSTICK APR 10 2014

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EXA.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Links Consultancy Services, 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:

Joseph Christopher

Name of Persor

Links Consultancy Services, LLC

Firm/Company

401East Jackson Street, Suite 2340

Address

Tampa, FL 33602

City/State and Zip Code

joseph chris@yahoo.com

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

For further information concerning this matter, please call:

Joseph Christopher

_{at} 813 / 31**-**643

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**

Links Consultancy Services, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r Liability Company)	records,		
The Articles of Organization for this Limited Liability Company	were filed on 10/15/20	13	_ and ass	igned
Florida document number L13000145131				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Links InfoTek, LLC				
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designatio	n "LLC" or the abb	reviation "I	.L.C."
Enter new principal offices address, if applicable:		37.4.j	~ 7	
(Principal office address MUST BE A STREET ADDRESS)		- ;	-221	
			;	1
			: CL.	
Enter new mailing address, if applicable:		•	-,7	3
(Mailing address MAY BE A POST OFFICE BOX)		,	4.5	- La 4
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•				
B. If amending the registered agent and/or registered of		cords, enter th	e name	of the n
registered agent and/or the new registered office address her	<u>re</u> :			
N. C.				
Name of New Registered Agent:	 			
New Registered Office Address:				
	Enter Florida street	address		
		_, Florida		
	City		Zip Code	

tered 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



MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			D A00
			□ Remove
			□ Add
	•		□ Remove
			Add
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			28
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			21 W
			□ Remove

						
(The effective da	ite must be specifi	n the date of f c, cannot be prior the Florida Depar	to date of receipt or fil	ed date and cannot b	(optional) e more than 90 days after	
Dated 03-	26-2014			_··		
		۸ .	۱۸ -			
		del	of a member or autho			

Page 3 of 3

Filing Fee: \$25.00



Division of Corporations

April 1, 2014

JOSEPH CHRISTOPHER 401 EAST JACKSON STREET SUITE 2340 TAMPA, FL 33602

SUBJECT: LINKS CONSULTANCY SERVICES, LLC

Ref. Number: L13000145131

We have received your document for LINKS CONSULTANCY SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00006947