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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Fhone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Cor	porations		
SUBJECT:	INK 33, LL	.C	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	COSPUTI	A ALEMAN Name of Person 3, LLC Fign/Company	<u>, </u>
		Name of Person	
	LINK3	3, LLC	
		Firm/Company	
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	3560 60	OLDEN GATE	= BLUD W.
		Address	
	NAPLES	FL 34120 City/State and Zip Code BOUT LOOK.	
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	LINK _ 35	60 UUI LOOK.	007
	E-mail address: (to	be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	11:	
CODRUTA	ALETIAN	at (<u>J64)</u> 494 Area Code Daytime	7119
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/400000326</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	wwere filed on 0/02/2014 and assigned POCT 28 FILED	
The new name must be distinguishable and contain the words "Limited Liabi	itity Commony " the decimation "I I C" or the abbreviation "I I P"	
Enter new principal offices address, if applicable:	3560 GOLDEN GATE BLI	U1. U
(Principal office address MUST BE A STREET ADDRESS)	3560 GOLDEN GATE BLO NAPLES, FL 34/20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3560 GOLDEN GATE BLVS (NAPLES, FL 34120	W.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>	<u>1</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect address	
	Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

1161422 110

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
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	Signature o		r authorized represe	ntative of a member	ÇI .	
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Filing Fee: \$25.00