L14000048676

. (R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER.

	Motorlink,	LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		Brian A. Hall, CPA			
		·	Name of Person		
		GunnChamberlain, P.L.			
			Firm/Company		
		4350 Pablo Professional Co	purt		
			Address	·*·· -	
		Jacksonville, FL 32224			
			City/State and Zip Code	·	
		bhall@gunnchamberlain.com	m to be used for future annual report notifi	cation)	
Dan fauthau í	fa		•	cunony	
Brian A. Ha		oncerning this matter, please ca	904 296-2024, ext	. 225	
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for tl	ne following amount:			
\$25.001	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

Motorlink, LLC				
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)		
The Articles of Organization for this Limited I	iability Company were filed o	on March 25, 2014	and as	ssigned
Florida document number L14000048676	•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compa	ny here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or th	e abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:		1000	
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
77 4			1.00 m	
Enter new mailing address, if applicable:			= =	. :
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, ent	ter the name	of the n
Name of New Registered Agent:	Matthew Brown			
New Registered Office Address:	Name of New Registered Agent: New Registered Office Address: 8859 Philips Highway			
	Ent	er Florida street address		
	Jacksonville	, Florida	32256	
	City		Zip Code	2

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>	Type of Action
MGR	Joshua A. McDaniel	8859 Philips Highway	
		Jacksonville, FL 32256	■ Remove
			☐ Change
MGR	Matthew Brown	8859 Philips Highway	■ Add
		Jacksonville, FL 32256	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
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an effective of the line of th	ote, if other than date is listed, the date date inserted in thi effective date on th	must be specific is block does no	and cannot be pri t meet the appl	or to date of filing icable statutory i	or more than 90 days	optional) after filing.) Pursua , this date will not	nt to 605.020 be listed a
	specifies a dela n day after the			ot an effectiv	e time, at 12:	01 a. m. on the	earlier o
ated	May 20"	n	, <u>Jal</u>				

Page 3 of 3

Filing Fee: \$25.00