L14000146294

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC
Account Number : I20110000083
Phone : (305)705-7922
Fax Number : (786)353-0976

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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CORPOLINK SOUTH , LLC

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JUL 13 2017

Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CORPOLINK SOUTH , 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:

JULIO MORALES
Name of Person

COMPANIA ANONIMA INVERSIONES ALMO
Firm/Company

6791 NW 87 AVENUE
Address

MIAMI, FL 33178
City/State and Zip Code

INFO@DCCACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO MORALES at (786) 325-0524
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

CORPOLINK SOUTH , LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/18/2014 and assigned Florida document number L14000146294.

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)

17 JUL 12 AM 9:49

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: RAFFAEL STANZIONE

New Registered Office Address: 3377 W 90TH ST
Enter Florida street address

HIALEAH, **Florida** 33018
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

Title	Name	Address	Type of Action
MGR	JUAN RAMOS	10792 NW 69 TR	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
MGR	RAFFAEL STANZIONE	3377 W 90TH ST	■ Add
		HIALEAH, FL 33018	☐ Remove
			☐ Change
MGR	JOSE RAFAEL GAMEZ	7550 NW 101 CT	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
MGR	CORPO LINK INTERNATIONAL INC	6791 NW 87 AVENUE	☐ Add
		MIAMI, FL 33178	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing:** _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 11th, 2017.

_____
Signature of a member or authorized representative of a member

JULIO MORALES
Typed or printed name of signee

Filing Fee: $25.00