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S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
LINK PRO	O REALTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN D ANGEL TOBON	;	
		Name of Person	
	LINK PRO REALTY LLC	2	
		Firm/Company	
	30525 ISLAND CLUB DI		
	-	Address	
	DEER ISLAND, FL 3277	3	
		City/State and Zip Code	
	juangelto@gmail.com	to be used for future annual report noti	lication)
For further information (concerning this matter, please co	·	
JUAN D ANGEL TOBON		407 591-2419	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t			
S25.00 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)
	JNG ADDRESS:	STREET/COURI	
Divisi	ration Section on of Corporations Box 6327	Registration Section Division of Corpor Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINK PRO REALTY LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/29/2014	and assigned ,
Florida document number 1.14000151290	·	-3
This amendment is submitted to amend the following:		60 2
A. If amending name, enter the new name of the lin	nited liability company here:	2
LINK PRO REAL ESTATE LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office adenomial Name of New Registered Agent:	-	nter the name of the nev
New Registered Office Address:	Enter Florida street address	
	.	1.
****	, Florid	1 a = Zip Code
Now Degistered Agent's Signature if changing Degister	ed Auent	•

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>	Address	Type of Action
			Remove
			□ Change
···			Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			Channel

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fectiv	e date, if other than the date of filing:(optional)
an effec	tive 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 60 february filing requirements, this date will not be list
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.
	JULY 23 2018
ated_	
ated _	
ated _	
ated _	Signature of a member or authorized representative of a member
ated _	

Filing Fee: \$25.00