

L15000159122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

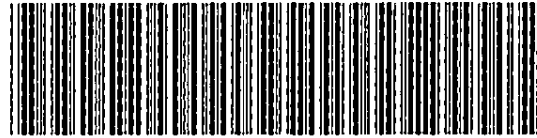
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/20--01001--006 **25.00

C GOLDEN
OCT 14 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

I. NEWSLINK-ESSENCE MIA, LLC L15000159122
Name Document Number (if known)

x Walk in _____ Will wait

____ Certified Copy of:

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ Limited Liability
____ Domestication
____ INC
____ OTHER

AMENDMENTS

X Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Merger

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign
____ Limited Partnership
____ Reinstatement
____ Trademark
____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWSLINK-ESSENCE MIA. 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:

Catalina Collazo

Name of Person

NEWSLINK-ESSENCE MIA. LLC

Firm Company

6910 NW 12 STREET

Address

MIAMI, FL 33126

City State and Zip Code

rkayaljr@newslinkgroup.net

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

For further information concerning this matter, please call:

Lura Barua

888 650-3738
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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



RECEIVED

2020 OCT 14 PM 3:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILE
TALLAHASSEE, FLORIDA

October 12, 2020

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: NEWSLINK-ESSENCE MIA, LLC
Ref. Number: L15000159122

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must have original signatures.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00020068

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWSLINK-ESSENCE MIA, LLC

2015 11 PM 3:55

(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 2015 and assigned
Florida document number L15000159122.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NewsLink D10, LLC

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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):

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.

Barne J. H. C. 2

Raymond J. Kayal Jr. as president of NewsLink MAV Holdings, LLC as Manager and Member.
Typed or printed name of signee