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COVER LETTER

Frenches Global Links LLC SUBJECT: ____ 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: Solomon French Name of Person Frenches Global Links LLC Firm/Company 31956 Northridge Drive Address Wesley Chapel, FL 33545 City/State and Zip Code solomon1945@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Solomon French 791-6724 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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

	iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company of Iorida document numberL15000169447	were filed on	06/07/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>·e</u> :	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company " the des	signation "I I C" or the abl	proviation "LLC"
	cy company, the de.	ngiacion in inclusi	6
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			OF STA
inter new mailing address, if applicable:			2: A A
Mailing address MAY BE A POST OFFICE BOX)			7
B. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here.		our records, enter	the name of the
Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter Floria	la street address	
Name of New Registered Agent:	Enter Floria	la street address Florida	
Name of New Registered Agent: New Registered Office Address:	Enter Floria		Zip Code
Name of New Registered Agent:			Zip Code

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
AMBR	Randy French	31956 Northridge Dr. Wesley Ch	
			□ Remove
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ffectiv	e date, if other than the date of filing: (optional)		
an effec l <u>ote:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date wint's effective date on the Department of State's records.	Pursuant to ill not be) 605.0207 listed as
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the ea	arlier of
ated _	06/07/2018		
	$-\omega \omega $		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00