L15000187667

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COVER LETTER

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~*··		d Group, LLC		
SUBJEC	JT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Laura B. Muniz		
			Name of Person	
	÷	Links World Group, LLC		
			Firm/Company	
		3150 38th Avenue, 13th Fl	oor	
			Address	
		Coral Gables, Fl 33146		
			City/State and Zip Code	
		lmuniz@linksworldgroup.co		
		E-mail address: (to be used for future annual report notific	ation)
For furth	er information co	oncerning this matter, please ca	all:	
Laura B	. Muniz		786 362-6500 ext.	308 Felephone Number
	Name o	f Person	Area Code Daytime T	Felephone Number
Enclosed	d is a check for th	ne 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

Links World Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) November 5, 2015 The Articles of Organization for this Limited Liability Company were filed on and assigned L15000187667 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Links Worldgroup, 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

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an e Note	(option of the date of filing:	filing.) Pursuant to 605.0207	(3)(b) the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a e 90th day after the record is filed.	.m. on the earlier of	•
Date	January 13		
Date		2018 JA	i *v B T
	Signature of a)member or authorized representative of a member	(n) (1) (n) (n) (n) (n) (n) (n) (n) (n) (n) (n	1224 -1844
	LAUVA B. MUTIZ 459. Typed or printed name of signee		
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