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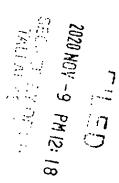
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Essences Emay Harrey						
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Codification of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			w-	.e.	
LINKS WO	ORLDGROUPLLC	·		· ·	
SUBJECT:		ited Liability Company			
	Name of Citi.	ned Claumty Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EDWARD DE VALLE II	,			
		Name of Person	_		
	LINKS WORLDGROUP	LLC			
		Firm/Company		·	
	2222 PONCE DE LEON E	BLVD SUITE 300		٠	
	· · ·	Address			
	MIAMI, FL 33134				
	NICO OF PRINCING COM	City/State and Zip Code	-		
	INFO@LINKSWG.COM	to be used for future annual	report potification	·	
For further information c	oncerning this matter, please co		report nonneutron,	,	
EDWARD DE VALLE I	_		9-4367		
Name of Person		at () Area Code	Daytime Teleph	none Number	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Marin - Add		Strant A	.ddress:		
<u>Mailing Addres</u> Registration (Street Address: Registration Section		
Division of Corporations		Divisio	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N	2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	
Liability Company were filed on	11/1/2020	_ and assigned
lowing:		
of the limited liability company	<u>/ here</u> :	
words "Limited Liability Company," t	ne designation "LLC" or the abbre	viation "L.L.C."
cable:		2
Principal office address MUST BE A STREET ADDRESS)		20
		N TO
		-9
ROX)	(25.
<u></u>		8
EDWARD DE VALLE II		f the new regi
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
MIAMI	Florida 33134	
	Liability Company were filed on lowing: Of the limited liability company words "Limited Liability Company." the cable: ET ADDRESS) Tegistered office address on ourses here: EDWARD DE VALLE II 2222 PONCE DE LEON BLV Enter of	lowing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbre cable: ET ADDRESS) registered office address on our records, enter the name of each here: EDWARD DE VALLE II 2222 PONCE DE LEON BLVD SUITE 300 Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

LINKS WORLDGROUP LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>N</u> ame	Address	Type of Action
AMBR	VALDES, BRENDA S.	2222 PONCE DE LEON BOULEVARD	
-		FLOOR 3	7.0
		CORAL GABLES, FL 33134	
			•
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Remove
			□Change

Typed or printed name of signee