## 15000195311

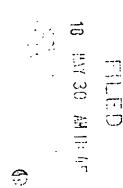
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

SUBJECT:	Global Medlinks, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		Samuel Joseph	
	·	Name of Person	
	(	Global Medlinks, LLC	
		Firm/Company	
	2255	Glades Rd Suite 324A	
		Address	
		Boca Raton, FL 33431	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		gmedlinks@gmail.com	
		to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
Samue	l Joseph	at ( 561 ) 573-8521	
Nan	ne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	Certificate of Status	<b>89 \$35.00</b> Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Medlinks, LLC			
(Name of the Limited Liability (A Florida)	Company as it now appea Limited Liability Company)	rs on our records.)	
(********	, , , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Co	ompany were filed on	11/18/2015	and assigned
Florida document number 1.15000195311			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted fiability company h	ere:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)		
	<del></del>	د في مسيم ديد و مدود ديد و مدود	<b>5</b> 3
		•	الله الله
Enter new mailing address, if applicable:		······································	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
	·		· 克
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, ente	r the name of the i
egistered agent and/or the new registered ornice address	ess nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida 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

'If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Sameer Suhail	2255 Glades Rd, Ste 324A, Boca Raton, FL 334	31 □Add
			Remove
			Change
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 60s applicable statutory filing requirements, this date will not be list
cument's effective date on the Department of State's rec	
record specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earli
The 90th day after the record is filed.	·
ted May 25	018
thomasses of a member of	or authorized representative of a member
Appealmic of a member of	a manager representative of a member
designed of a method of	Tuning the representative of a medical
Samuel Jos	

Page 3 of 3

Filing Fee: \$25.00