## L16000064594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

TO:	Registration Sec Division of Corp	
SUBJE		ER.NET LLC
SUBJE		Name of Limited Liability Company
		mendment and fee(s) are submitted for filing.
Please	return all correspon	dence concerning this matter to the following:
		David Acosta
		Name of Person
		SIGNPRINTER.NET LLC
		Firm/Company
		1432 Leitrim Loop
		Address
		Apopka FL 32703
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For fire	than information co	neerning this matter, please call:
David ———	Acosta	407 255-2345 at ()
	Name of	Person Area Code Daytime Telephone Number
Enclose	ed is a check for the	following amount:
□ <b>\$</b> 2	5.00 Filing Fee	S30.00 Filing Fee & Certified Copy (additional copy is enclosed)    S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)    Please Note add   Please accorded to the continuous copy is enclosed)
	Mailing Address Registration S	

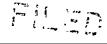
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNPRINTER.NET LLC



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/31/2016 and assigned Florida document number \_\_L16000064594 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LINXY MEDIA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

\_, Florida \_\_\_

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 **Type of Action Title** Name Address □Add \_\_\_\_\_ Change \_\_\_\_\_ □Change □Add \_\_\_\_\_ □Remove □Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □ Add Remove

\_\_\_\_\_ □Change

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. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be pri k does not meet the appl	or to date of filing or more than 90 licable statutory filing requirem		
the record specifies a delayed effective of cord is filed.	date, but not an effective	time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after th	ıe
Dated February 10	. 2024	— M		
		thorized representative of a memb		

Typed or printed name of signee



February 1, 2024

DAVID ACOSTA 1432 LEITRIM LOOP APOPKA, FL 32703

SUBJECT: SIGNPRINTER.NET, LLC

Ref. Number: L16000064594

We have received your document for SIGNPRINTER.NET, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANYY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 624A00002165