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## **COVER LETTER**

SUBJECT: Lashing Links UC
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:
Shella Remy Name of Person  Lash B Links ill  Firm/Company
2390 Tamani Trail Suite 202
Naple, FL 34/03
Spend a Shall KSII co com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelley R Manne of Person at 239 963 – 585 7  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** 

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Lasting Lin	KS LC30 ACO 17 FIL 3:20
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOOOG</u> G	were filed on $\frac{5}{17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	2390 Tamiami Trail N Suite 202
(Principal office address MUST BE A STREET ADDRESS)	Suite 202
	Naple FL 34103
Enter new mailing address, if applicable:	Same as principal
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	сту гар соше

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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 2323 AUC 17 Ft 2: 20	Type of Action
MGR	Linda O. Flores	Address 2001 AME 17 FL 3:20 5800 (Wande Reserve W Unt 1204 Naples, FL 34110	ay □Add
		Naples, FL 34110	Remove
			🗀 Change
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ote: If the date inserted in this block does not meet the	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's	s records.
ecord specifies a delayed effective date, but not an ef is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned august 9. 2	2020
M   Z	12000
Sheller 11	er or authorized representative of a member