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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	





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2020 FFR 18 PH 5: 39

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

of Corp	orations			
KS WO	REDGROUPINTERNATION	NAL LLC	•	
	Name of Lim	ited Liability Company		
cles of A	mendment and fee(s) are sub	mitted for filing.		
orrespon	dence concerning this matter	to the following:		
	EDWARD DE VALLE II			
		Name of Person		
	LINKS WORLDGROUP	NTERNATIONALLLC		
		Firm/Company		<del></del>
	2222 PONCE DE LEON I	BLVD SUITE 300		
		Address		
	MIAMI, FL 33134			
	INFO@LINKSWG.COM	City/State and Zip Code		
	E-mail address: (	to be used for future annual re	port notification)	
ation cor	ncerning this matter, please ca	all:		
ALLEII			4367	
Name of I	Person	Area Code	Daytime Telephone l	Number
k for the	following amount:			
Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ced) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Address: ation Se				
n of Co	rporations	Division	of Corporations	
	cles of A orrespon ALLE II Name of I	Name of Lim  cles of Amendment and fee(s) are sub orrespondence concerning this matter  EDWARD DE VALLE II  LINKS WORLDGROUP I  2222 PONCE DE LEON I  MIAMI, FL 33134  INFO@LINKSWG.COM  E-mail address: (attion concerning this matter, please can all LE II  Name of Person  ek for the following amount:  Fee  \$30.00 Filing Fee & Certificate of Status  Address: action Section In of Corporations	Cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  EDWARD DE VALLE II  Name of Person  LINKS WORLDGROUP INTERNATIONAL LLC  Finn/Company  2222 PONCE DE LEON BLVD SUITE 300  Address  MIAMI, FL 33134  City/State and Zip Code INFO@LINKSWG.COM  E-mail address: (to be used for future annual relation concerning this matter, please call:  ALLE II  Name of Person  Area Code  Street Address:  ation Section  n of Corporations  Street Add  Registration in of Corporations  Street Add  Registration Division	RES WORLDGROUP INTERNATIONAL LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  EDWARD DE VALLE II  Name of Person  LINKS WORLDGROUP INTERNATIONAL LLC  Firm/Company  2222 PONCE DE LEON BLVD SUITE 300  Address  MIAMI, FL 33134  City/State and Zip Code  INFO@LINKSWG.COM  E-mail address: (to be used for future annual report notification)  ration concerning this matter, please call:  ALLE II  Name of Person  Area Code  Certificate of Status  Certified Copy  Code  (additional copy is enclosed)  Address:  ation Section  Registration Section  Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LINKS WORLDGROUP INTERNATIONAL LLC

2020 FEB 18 PM 5: 39

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	2222 PONCE DE LEON BLVD  Enter Flo  MIAMI  City	orida street address, Florida = 33134
	7777 14 1001 E THE LEGGO GUNT	
	2222 NAMED INC. 1223 11123	SHITE 300
Name of New Registered Agent:	EDWARD DE VALLE II	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our ess here:	records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STRE)	<u> </u>	
Enter new principal offices address, if appli		
		designation labe of the abbreviation label.
The new name must be distinguishable and contain the	wards "Limited Liability Campany" tha	decignation 211 C2 or the abbreviation 21.1 C2
A. If amending name, enter the new name of	of the limited liability company h	nere:
This amendment is submitted to amend the fol	lowing:	
	·	
Florida document number 1.16000103573		

## 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, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action \_\_\_\_\_ □Remove □Change \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change □ Change □Add \_\_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

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te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet th	e applicable stati	nting or more than story filing requir	ements, this date v	vill not be listed as
cord specifies a delayed effective ( s filed,	date, but not an eff	ective time, at 12	:01 a.m. on the e	arlier of: (b) The	90th day after the
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