

L14000170685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

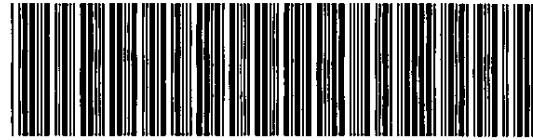
(Business Entity Name)

(Document Number)

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16 SEP 26 AM 8:29
DIVISION OF CORPORATIONS

09/27/16--01016--009 *\$60.00

SEP 28 2016
J. HARRIS

2016 SEP 26 AM 11:20
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

GLOBALLYNK COMMUNICATIONS LLC

SUBJECT: _____
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:

Richard J. Johnson

Name of Person

Globallynk Communications LLC

Firm/Company

3890 W Commercial Blvd

Address

Tamarac FL, 33309

City/State and Zip Code

htr5951@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J. Johnson

770

899-7876

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Name:

Houston Reid

Daytime #:

(954)-224-3702

Return Address:

10651 SW 40th manor Davie, FL, 33328

**TO
ARTICLES OF ORGANIZATION
OF**

GLOBALLYNK COMMUNICATIONS LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/13/2016 and assigned
Florida document number L16000170685.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3890 W Commercial Blvd Tamarac FL, 33309

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3890 W Commercial Blvd Tamarac FL, 33309

(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: Richard J Johnson

New Registered Office Address: 3890 W Commercial Blvd

Enter Florida street address

Tamarac, Florida 33309

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Houston Reid	10651 sw 40th manor Davie FL, 33	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Ursache	11318 NW 15th court, pembroke pi	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Johnson	8761 w long acre drive, Miramar F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09/22/2016



Signature of a member or authorized representative of a member

Richard J. Johnson

Typed or printed name of signee

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 SEP 26 AM 8:29