

L17000050921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

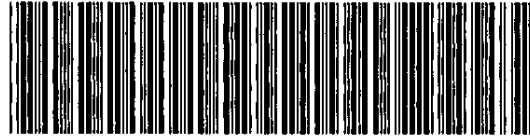
(Business Entity Name)

(Document Number)

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MAR 14 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR 13 PM 2:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Link Bridge LLC
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:

Pablo Oliveira
Name of Person
The Link Bridge LLC
Firm/Company
801 Brickell Avenue, Suite 900
Address
Miami, Florida 33131
City/State and Zip Code
pabsoliveira@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Oliveira at (917) 232 8425
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32309
17 MAR 13 PM 2:45

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Link Bridge 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 03/01/2017 and assigned

Florida document number 000296290030

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:

(Principal office address MUST BE A STREET ADDRESS)

801 Brickell Avenue, Suite 900
Miami, Florida, 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 Brickell Avenue, Suite 900
Miami, Florida, 33131

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:

Pablo Oliveira

New Registered Office Address:

801 Brickell Avenue, Suite 900

Enter Florida street address

Miami

City

Florida

33131

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pablo Oliveira	80 S.W. 8th street, 20th Fl.	<input type="checkbox"/> Add
		Miami, Florida 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maira Oliveira	801 Brickell Avenue, suite 900	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
MAR 3 PM 2:15

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*Any other Provision(s) - Optional (Purpose, Statements, etc.)

- Remove - Investors and Trade Business
- Add - Business Development

*Correspondence Name and Email Address

- Remove - Guillermo E Gomez
BB Solutions - 1 @hotmail.com

- Add - Pablo Oliveira
pabs oliveira @ gmail . com

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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 March 10th, 2017

Signature of a member or authorized representative of a member

Pablo Oliveira

Typed or printed name of signer