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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Email Address:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please the most of the second second

APR -3 PM 12: 29

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COVER LETTER

TQ:	Registration Se Division of Cor						
SUBJE	THE LINK	BRIDGE LLC					
-0202	~~. <u>~~</u> _	Name of Lim	nited Liability Company				
The encl	losed Articles of	Amondment and foe(s) are sub	mitted for filing.				
Please re	cturn all correspo	ndence concerning this matter	to the following:				
		SAL ABECAIS					
			Name, of Person				
ALLSTATE CORPORATE SERVICES CORP.							
Firm/Company							
		2215 HENDRICKSON ST	rreet, suite 1				
		······································	Address				
		BROOKLYN, NY 11234					
			City/State and Zip Code	**************************************			
FILING@ACS123.COM E-mail address: (to be used for future annual report notification)							
For furth	er Information co	oncerning this matter, please of	• • • • • • • • • • • • • • • • • • • •	vacioni			
NAOMI	OSTOPOWITZ		800 906-9220 at ()				
	Name of	Parson	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
□ \$25,0	00 Filing Fee	S30.00 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/OURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/06/2017	and assigned
Florida document number L17000050921	- * 1 (37) - 7,3 5 (1)	
This amendment is submitted to amend the following:	1.6 1.	
A. If amending name, enter the new name of the limit	ed liability company here:	
LINKBRIDGE INVESTORS LLC		- 10 B
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDR</u>	<u> BSS)</u>	
		河流
		Total of
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on our records,	enter the name of the n
registered agent and/or the new registered office addr	ess nere:	
	7913 yes	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flori	
_ _	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

THE LANGESTINGS LICE

I hereby accept the appointment as registered agent and agree to act in his 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 = M $AMBR = A$	Innager Luthorized Member		
Title	<u>Name</u>	Address	Type of Action
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	·		□ Remove
			Change
			■ Remove
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