L17000 195503

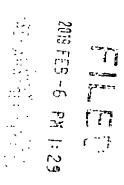
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor				
JOHN R LI	INK LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
i rease return an correspo	JOHN R LINK	to the following.		
		Name of Person		
	JOHN R LINK LLC			
		Firm/Company		
	1015 VERONA STREET			
		Address		
	KISSIMMEE FL 34741			
	GRIDPAPER@AOL.COM	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		28 28 28
For further information c	oncerning this matter, please co	all:	· f	-η ([2] [2]
JOHN R LINK		407 973-4710 at ()		5
Name o	f Person	Area Code Daytime Telephone Number	•	
Enclosed is a check for the	he following amount:		r	က မာ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	e of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN R LINK LLC

(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>L17000195503</u>	were filed on 09/13/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JOHN R LINK ARCHITECT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
		2019
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		1
	Enter Florida street address	

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.

City

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>	Address	Type of Action
			Add
			Remove
			Change
			
			☐ Remove
			Change
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			Change
			Remove
			Change

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	<u>, 17 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 </u>	
Tective date, if other than the date of an effective date is listed, the date must be specifule: If the date inserted in this block does becument's effective date on the Department	filing: (optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (not meet the applicable statutory filing requirements, this date will not be listed as t	(3) the
record specifies a delayed effecti The 90th day after the record is fi	ve date, but not an effective time, at 12:01 a.m. on the earlier of: led.	
JANUARY 30,		
x John R Suife	thorized representative of a member	
Department is a manager of suc.	Annual representative VI & DESCRIPT	

Page 3 of 3 Filing Fee: \$25.60