

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				, i. i
10.	Division of Cor	~ ~	orations	•
	Fax Number	-	(850)617-6383	
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From:			•	<u>-</u> -
	Account Name	1	CORPORATE CREATIONS IN	NTERNATIONA
	Account Number	:	110432003053	<u>=</u> .
	Phone	:	(561)694-8107	7.7
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the email	address for thi	9	business entity to be	used for fu
nnual repor	rt mailings. Ente	er	only one email address	please.**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. M2-NEWSLINK OF DFW, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	····
The Articles of Organization for this Limited Liability	Company were filed on 12/04/17	and assigned
Florida document number L17000246994	·	·—— •
This amendment is submitted to amend the following:	Ser Ser	
A. If amending name, enter the new name of the li-	mited liability company here:	
		200
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.LC."
Enter new principal offices address, if applicable:		: (3)
(Principal office address MUST BE A STREET ADI	DRESS	. 01
		777
		ம
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>ei</u> idress here:	iter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Vestateter Office Audiess.	Enter riorian şireşi quareşs	
New Registers Office Audiess.	Enter Florida street address	B

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MOR	NEWSLINK MANAGEMENT GR	6910 NW 12 STREET	□ Add
	· · · · · · · · · · · · · · · · · · ·	MIAMI, FL US 33126	
			■ Remoye
			Change
MGR	NEWSLINK GROUP, LLC	6910 NW 12 STREET	= Add
		MIAMI, FL US 33126	D Remove
			Change
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Filing Fee: \$25.00