

L17000255645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

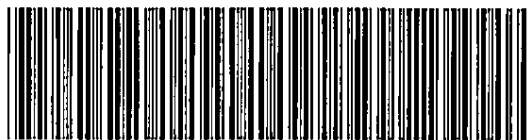
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 18 2019

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LINKS OF LANES 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:

Sheldon Thomas  
Name of Person

LINKS OF LANES  
Firm/Company

1108 35<sup>th</sup> ST. South  
Address

ST. PETERSBURG FL 33711  
City/State and Zip Code

links of LANES @ outlook .com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheldon Thomas at ( 813 ) 523-9131  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

(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 DEC. 14 / 2017 and assigned Florida document number L17000255645.

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)

1108 35<sup>th</sup> STREET South  
ST. PETERSBURG FL 33711

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1108 35<sup>th</sup> STREET South  
ST. PETERSBURG FL 33711

**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:

New Registered Office Address:

1108 35<sup>th</sup> STREET South  
Enter Florida street address  
ST. PETERSBURG Florida  
City

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**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>
MMGR	Sheldon Thomas	1108 35 <sup>th</sup> ST South	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	KRYSTAL MACK	3618 N. 53 <sup>rd</sup> ST.	<input type="checkbox"/> Add
		Tampa FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Howard Kefon	1108 35 <sup>th</sup> STREET South	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG FL 33711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Kefon Howard	3618 N. 53 <sup>rd</sup> ST	<input type="checkbox"/> Add
		Tampa, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Howard Patrick	1108 35 <sup>th</sup> ST South	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheldon Thomas	3618 N. 53 <sup>rd</sup> ST.	<input type="checkbox"/> Add
		Tampa, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Dated MAY 22nd / 2019

MAY 22nd 2019

Signature of a member or authorized representative of a member

Sheldon Thomas

Typed or printed name of signee