## L18000117722

Office Use Only



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SEP 20 3321

## **COVER LETTER**

TO:

	gistration Se vision of Cor						
CHD IFET.	TRADELINK STRATEGIC BUSINESS LLC .						
SUBJECT:		Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please returi	n all correspo	ondence concerning this matter	to the following:				
		HUMBERTO BLANCO					
			Name of Person				
	TRADELINK STRATEGIC BUSINESS LLC						
	Firm/Company						
	114 DANIELLE COURT						
			Address				
		WESTON, FL 33326					
		· ·	City/State and Zip Code				
		INFO@TRADELINKSTR					
		E-mail address: (	to be used for future annual report not	ification)			
For further i	nformation c	oncerning this matter, please c	all:				
HUMBERT	TO BLANCO	•	954 954-614-14 at ( )	003			
Name of Person				ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>太\$</b> 25.00 l	Filing Fee	☐ \$30.00 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:		Street Address:	ution				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	D. Box 632		The Centre of T	-			
Ta	llahassee. F	FL 32314		e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADELINK STRATEGIC BUSINESS LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Cor Florida document number <u>L18000117222</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	or the althreviation .L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	<u> </u>	3 C
		SSC ₹ M
		The B
Enter new mailing address, if applicable:		O6
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, enter	the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S.
		orida
	City	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>	Type of Action
MGR	HUMBERTO BLANCO	114 DANIELLE COURT	<b>=</b> Add
		WESTON, FL 33326	□Remove
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HUMBERTO BLANCO 85%	•	<del></del>
CORINA BLANCO 15%		
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		2020 JUL SEUKLA TALLA
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		7-3-2
fective date, if other than the date of filing:	ato of filing or more than 90 days	optional)
ote: If the date inserted in this block does not meet the applicable		
ecument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time	at 12:01 a.m. on the earlier of	of: (b) The 90th day after th
is filed.		
1ULY 27 2020		
ited		
Wo tot		
	d representative of a member	

Filing Fee: \$25.00