## 419000021812

(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:	

Office Use Only



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## **COVER LETTER**

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SUBJECT: _	Link	i ulz		•
SUBJECT: _	UND	Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		<u></u> .) i	Name of Person	
			Traine of Coon	
		LINK	Firm/Company	
		1768 RIBBO	N (21) Address	
		<u> </u>	City/State and Zip Code	
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<u> </u>	Name of	2016H	at (104) 590 Area Code Daytim	1 - 2702
	Name of	reison	Area Code Dayini	ie reiepilone Numee
Enclosed is a c	check for the	e following amount:		
□ \$25.00 Fil		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
<b>7 7 2 3</b> 7 <b>3</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address		Street Address:	
	istration Se	ection orporations	Registration Se Division of Co	
	. Box 6327		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 6, 2023

JILLIAN BROUGH 1268 RIBBON RD ST. JOHNS, FL 32259 US

SUBJECT: LINK IT UP LLC Ref. Number: L19000021812

FIXED THANK YOU!

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

PAGE 2 WAS MISSING FROM THE DOCUMENT. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 623A00004629

MAR 1 7 YOZS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINKITUP, LI	,ĉ	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L1900021812</u> .	were filed on $\frac{i/22 i }{2}$	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Jillian Broubly, LCC		
te new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:	1268 KIBBON 20	· · · <u> · · · · · · · · · · · · · · ·</u>
Principal office address MUST BE A STREET ADDRESS)	ST. JOHNS, Fr 3:2259	<u> </u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		
If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the	name of the new registe
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	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		NO	CHANGES	
<u>Title</u>	<u>Name</u>		Address	Type of Action
	<del></del>	_		□Add
				□Remove
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effecti	date, if other than the date of filing: (optional) (ve 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 605.02
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed	
_	New 10 11 2022
ed	DFCEMBER 10, 2022
	Signature of a member of authorized representative of a member