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## **COVER LETTER**

TO:	Registration Se Division of Con			
SURJ	IECT: Link Re	ealty Gulf Coast LLC		
.,.,			nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Serena Ramirez		
			Name of Person	
		Innovative Acco	ounting Solutions	
		<del></del>	Firm/Company	<del></del>
		9860 N Palafox	St	
			Address	
		Pensacola, FL	32534	
			City/State and Zip Code	
			iveaccounting.solutions	
		E-mail address: (	to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Se	erena Ramirez		at ( 850 ) 741-3773	3
	Name o	f Person		e Telephone Number
Enclo:	sed is a check for th	ne following amount:		
	25.00 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:

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 Li (A F)	iability Company as it now appears on lorida Limited Liability Company)	our reiding AT 20 P 3 12
The Articles of Organization for this Limited Liabili	ity Company were filed on02/0	07/2019 And Stigned
	<del></del> ·	
This amendment is submitted to amend the followin	ß.	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	e must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  daress MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	
		records, enter the name of the new
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
<u> </u>		Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Link Realty Gulf Coast LLC

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>	Name	Address	Type of Action
<u>AMBR</u>	Jason Jordan	1720 E Cervantes St, Pensacola, FL 32501	<b>K</b> Add
		<del></del>	□ Remove
			Change
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`an effect Note:   If	tive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the effective date on the Department of State's records.
e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 10th day after the record is filed.
ated	May 16  Signature of a member or authorized representative of a member
	Signature of a incriber of authorized refresentative of a member

Page 3 of 3

Filing Fee: \$25.00