L19000090650

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COVER LETTER

TO: Registration Division of t			·
SHORT	SALE EXPEDITORS, LI C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please retern all corre-	spondence concerning this matter	to the following:	
	CARLOS CAMPANA		
		Name of Person	
	LINKED COMMERCIAL	. CONSULTANTS, LLC	20
		Firm/Company	23 K
	7530 NW 79 Ave #84		
		Address	
	Lamarae, FL 33321		70 2
	biznessidea@yahoo.com	City/State and Zip Code	2023 KAY 10 PM 2: 0-
	l -mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	all:	
CARLOS CAMPANA	\	954 732-9679 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25 00 Fifing Lea	Er \$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)
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORT SALE EXPEDITORS, ELC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny <mark>as it now appears on our reco</mark> Jability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000090650}{1.19000090650}$.	were filed on 04/02/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
LINKED COMMERCIAL CONSULTANTS, LLC		
The new or me must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		
Tracque office mairess are of the A STREET AIRINGS of		
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		0 2
		111 31
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>ent</u>	er the name of the new register
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position in the registered office.	performance of my duties, provided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		 	□Remove
			□Change
			□Add
			_E3Remove
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Filing Fee: \$25.00