19 000124029

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ P	ICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copi	es Certificates of Status
Special Instr	uctions to Filing Officer:
<u>. </u>	Office Use Only



700336616647

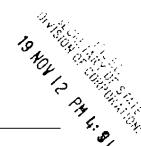
11/12/19--01084--027 **28.00

19 NOV 12 PH 4: 91

C 14.0 2019 CEC 10 2019

· '		COVER LETTE	R	
TO: Registration S Division of Co		es.		
TRUST L SUBJECT:	INK SERVICE LLC			10
Sobstituti I	Name of Limi	ted Liability Company		Non Tolling
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.		TONON SAY 4.01
	ondence concerning this matter (
	EMERSON CORREA			
		Name of Person		_
	ICONNECT SOLUTIONS			
		Firm/Company		_
	6735 CONROY ROAD SU	JITE 219		
		Address		_
	ORLANDO , FLORIDA	32835		
	EMERSON@ICONNECTS	City/State and Zip Code C.COM		_
	E-mail address: (t	o be used for future annual	report notification)	_
For further information	concerning this matter, please ca	ill:		
EMERSON CORREA		407 86. at ()	3-0096 -	
Name	of Person	Area Code	Daytime Telephone Num	ber
Enclosed is a check for	the following amount			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, icate of Status & led Copy and copy is enclosed)
	LING ADDRESS: tration Section		I/COURIER ADDRESS ion Section	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRUST LINK SERVICE LLC (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 $\frac{05/07/2019}{1}$ and assigned Florida document number 9000124029 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 "LLC." 6484 MAKRUT LIME DR Enter new principal offices address, if applicable: WINTER GARDEN, FLORIDA, 34787 (Principal office address MUST BE A STREET ADDRESS) 6735 CONROY ROAD SUITE 219 Enter new mailing address, if applicable: ORLANDO, FLORIDA - 32835 (Mailing address MAY BE A POST OFFICE BOX) 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: ICONNECT SOLUTIONS CORP. Name of New Registered Agent: 6735 CONROY ROAD, SUITE 219 New Registered Office Address: Enter Florida street address

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.

City

ORLANDO

If Changing Registered Agent Signature of New Registered Agent

, Florida 32835 Zip Code 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>	Address	Type of Action
AMBR	FRANKLIN R LEONE	227 BRUNSWICK DR DAVENPORT , FL 33837	
			Remove
			Change
AMBR	MAURICIO GROTKOWSKY BROTTO	6484 MAKRUT LIME DR WINTER GARDEN , FL 34787	
			□ Remove
			Change
AMBR	OSVALDO DE ABREU BERTI	BERTI 6484 MAKRUT LIME DR WINTER GARDEN , FL 34787	
			□ Remove
AMBR	ROSSANA CRISTINA PERUCK CARMELENGO	6484 MAKRUT LIME DR WINTER GARDEN , FL 34787	
			Remove
			Change
AMBR	ALEXANDRE BELTRAMINI	6484 MAKRUT LIME DR WINTER GARDEN , FL 34787	■ Add
			□ Remove
	Town in Hanging		Change
AMBR	Jamir Moreira Silva	6484 MAKRUT LIME DR WINTER GARDEN , FL 34787	
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
-	
-	
-	
_	
-	
•	
	
-	
,	
ın ef u te :	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
ited	November 1114 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	typed of printed finite of signed

Filing Fee: \$25.00