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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor					
SUBJECT: T-C	TNK CONNECT Name of Limi				
	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for tiling.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person			
		Name of Person	CHET Person OFFICE Inpany OFFICE Inpany OFFICE SS FC 33433 Zip Code WARGLUING OF 1 ure annual report notification) OI Daytime Telephone Number Gling Fee & Certificate of Status & Certified Copy Il copy is enclosed) CHET Description OFFICE See See See See See See See See See Se		
		T-LINK CONVECT			
		Firm/Company			
		845 SAN MARCOS PCAL	<i>c</i>		
		Address			
	B	OCA RATON FC 3343	3		
		• • • • • • • • • • • • • • • • • • • •			
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
TUDAN SCHOCHET		at (201) 803 - 2648			
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		

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



September 25, 2019

JUDAH SCHOCHET 7845 SAN MARCOS PLACE BOCA RATON, FL 33433

SUBJECT: T-LINK CONNECT LLC Ref. Number: L19000165615

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 current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Page 2 is missing.

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.

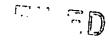
Claretha Golden Regulatory Specialist II

Letter Number: 619A00019863

36:01MA 8- TOO 810S 30:3/1/4]

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



T- LIWK COI	NUECT LC 2019 OCT -8 PM 6: 20
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on $\frac{6/24/19}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ESS) BOCA RATON, FC 3343)
(Principal office address MUST BE A STREET ADDR.	
Enter new mailing address, if applicable:	7100 WEST CAMENO REAL
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATOW, FC 33433
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	JUDAH SCHOCHET
New Registered Office Address:	7100 WEST (AMIND REAL SUITE YOY Enter Florida street address
	BOCA RATON
New Registered Agent's Signature, if changing Registered	l 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 Type of Action Address Title Name JUDAH SCHULHET 7100 WEST CAMINU REAL BAdd AMBR BOCA RATOW, FL SUTTEYNY 31433 - Remove ____ □ Change LAUREN COHEN 7050 WEST PALMETTO PARK RD - Add AMBR BOCA RATON FL SUITE 15-322 DRemove 35 Y 33 _____ Change ____ Change ___ _ _ Remove _□ Change ☐ Remove

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(If an effec <u>Note:</u> 1	re date, if other that tive date is listed, the d f the date inserted in nt's effective date on	late must be specific this block does n	and cannot be pri of meet the appl	icable statutory fil	more than 90 day	(optional) s after filing.) Purst s. this date will n	uant to 605.020 sot be listed a
If the reco (b) The 9	ord specifies a de 90th day after th	alayed effective ne record is file	e date, but r ed.	ot an effective	time, at 12	:01 a.m. on th	ne earlier o
TS . 1	SEFIEMBER	g th	. 2019	·			
Dated _							

Page 3 of 3

Filing Fee: \$25.00