

L19000 165 615

(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:

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09/12/19--01017--001 **25.00

2019 OCT -8 PM 6:20

FRI SD

C. GOLDEN

OCT - 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T-LINK CONNECT
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDAH SCHOCHET
Name of Person

T-LINK CONNECT
Firm/Company

7845 SAN MARCOS PLACE
Address

BOCA RATON, FL 33433
City/State and Zip Code

J.SCHOCHET@OMWARDLIVING.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDAH SCHOCHET at (201) 803-2648
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

ENCLOSURE
2019 OCT -8 AM 10:35

CLARETHA GOLDEN
www.sunbiz.org

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

FILED

2019 OCT -8 PM 6:20

T- LINK CONNECT 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 6/24/19 and assigned
Florida document number L19000165615.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JS COUNSELING & ASSOCIATES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7100 WEST CAMINO REAL

BOCA RATON, FL 33433

SUITE 404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7100 WEST CAMINO REAL

BOCA RATON, FL 33433

SUITE 404

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:

Name of New Registered Agent:

JUDAH SCHUCHET

New Registered Office Address:

7100 WEST CAMINO REAL SUITE 404

Enter Florida street address

BOCA RATON

City

Florida

33433

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

MGR = Manager
AMBR = Authorized Member

Page 2 of 3

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JUDAH SCHOCHET
Typed or printed name of signee