

L19 000265273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

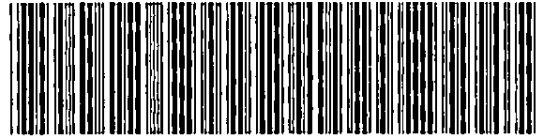
(Business Entity Name)

(Document Number)

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08/23/21--01019--011 \*\*25.00

*Handwritten signature or initials*



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

LYNC VTS LLC - LYNC VIRTUAL TECHNOLOGY SOLUTIONS, 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 10/22/2019 and assigned Florida document number L19000265273.

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 "L.L.C."

**Enter new principal offices address, if applicable:**  
***(Principal office address MUST BE A STREET ADDRESS)***

3411 SE 4TH AVENUE  
CAPE CORAL FLORIDA 33904

**Enter new mailing address, if applicable:**  
***(Mailing address MAY BE A POST OFFICE BOX)***

3411 SE 4TH AVE  
CAPE CORAL, FL 33904

**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: N/A

New Registered Office Address: N/A  
*Enter Florida street address*

N/A, Florida  
*City* *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

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>       | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|-------------------|--|--|
| MGR          | RAPHAEL CLERMONT  | 3411 SE 4TH AVE CAPE CORAL, 33904  | <input checked="" type="checkbox"/> Add    |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
| MGR          | JONATHAN CLERMONT | 315 Hunters Lake way<br>100 FAIRWAY PARK BLVD UNIT 1306 PONTE VE<br>Ponte Vedra FL 32081 | <input checked="" type="checkbox"/> Add    |
|              |                   | 100 FAIRWAY PARK BLVD UNIT<br>1306 PONTE VEDRA BCH, FL 32082                             | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
| CEO          | RAPHAEL CLERMONT  |  | <input type="checkbox"/> Add               |
|              |                   | 3411 SE 4TH AVE CAPE CORAL, 33904  | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
| PRES         | JONATHAN CLERMONT |  | <input type="checkbox"/> Add               |
|              |                   | 100 FAIRWAY PARK BLVD UNIT 1306 PONTE VE   | <input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |
|              |                   |  | <input type="checkbox"/> Add               |
|              |                   |  | <input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~WE ARE CHANGING THE TITLES FROM PRESIDENT TO MANAGER AND FROM CEO TO MANAGER~~

DOCUMENT # L19000265273

It would be a huge help if these forms could be completed and fees paid online. Obtaining a check these days is hard to do on my end.

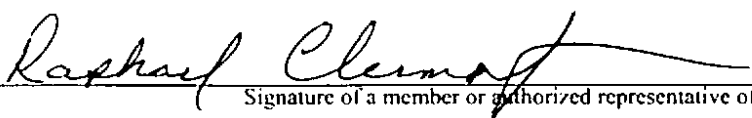
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 19 2021

  
Signature of a member or authorized representative of a member

RAPHAEL CLERMONT  
Typed or printed name of signer