LZO 000 212058

(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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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2020

PATRICIA RANDOLPH Rahmankhah 6750 NW 17 ST MARGATE, FL 33063

SUBJECT: IMAGELINK SOURCE LLC

Ref. Number: L20000212058

We have received your document for IMAGELINK SOURCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 620A00020673

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

ImageLink Source LLC

JECT:	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Patricia Rahmankhah		
		Name of Person	
	ImageLink Source		
		Firm/Company	
	6750 NW 17 Street		
	 	Address	
	Margate, FL 33063		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	imagelinksource@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
urther information c	oncerning this matter, please ca	all:	
cia Rahmankhah		954 806-5909 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
osed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imagelink Source LLC

1...);; -[[...].33

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on $\frac{7.20.2020}{1}$ and assigned orida document number 1.20000212058 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: 'ailing address MAY BE A POST OFFICE B<u>OX</u>) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address (itv w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

mending Authorized Peran(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	Address	Type of Action
	Patricia Rahmankhah	6750 NW 17 Street, Margate, FL 33063	
			Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
	·		□Add
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			□Change
			□Add
			□Remove
			□Change

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