# LZC CCC 351609

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MN 15 2021 S. YOUNG



#### COVEREEITEN

.,	stration Section			
Divis	ion of Corporations			
ECT:	Sylvice	linx	LLC	
		Name of Limit	ted Liability Company	

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

return all correspondence concerning this matter to the following:

Bassuat LORMEUS
Name of Person
Service Lina (LC
Firm/Company
2121 St About Ph
Address
Pait St Lucia Fl 34950
Sity/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

rther information concerning this matter, please call:

essuet lorneus	at (5701)	843 5459	
Name of Person	Area Code	Daytime Telephone Number	

sed is a check for the 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

## TO ARTICLES OF ORGANIZATION

Of ~
Service Linx LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ticles of Organization for this Limited Liability Company were filed on 11/17/2000 and assigned
document number <u>120001) 3516.00</u>
nendment is submitted to amend the following:
mending name, enter the new name of the limited liability company here:
name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable: BOSSUAT LOCK TUS
pal office address MUST BE A STREET ADDRESS) 2121 5 € + 6 col
Part St Lucix F1 3445:
new mailing address, if applicable:
ng address MAY BE A POST OFFICE BOX)
mending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> and/or the new registered office address here:
Name of New Paviatored Agents
Name of New Registered Agent:
New Registered Office Address: 5961 Sw Port At Lucie 15145 115
Enter Florida street address
Yort St Lucie Florida 34953
City Zip Code
egistered Agent's Signature, if changing Registered Agent:
by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	<u>Name</u>	Address	Type of Action
u(	Bessurt Luzmens	ZIZI SE Abroi Rol	_ 🛭 🗗 Add
			□Remove
0		<del></del>	□Change
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	.,	BIVD # 115	□ Remove
		Port St Lucia FC	DChange
		34953.	🗆 Add
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			□Remove
			□Change

<u>oved from our records</u>:

ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- just want Bossiet Lorneus
to Show up as the Owner and the
ine outhorised to open a business
Account for Service Linx
Present the second seco
<del></del>
ve date, if other than the date of filing: 11/21/2020 (optional)
ective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ent's effective date on the Department of State's records.
I 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 ed.
11/23/2020.
Signature of a member or authorized representation of a member
Typed or printed name of signee
- Types or printed name of affine