L21000083010

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		- "
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration S Division of Co			
	KS HOLDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GERMAN MORALES		
		Name of Person	
	BAILEY DUQUETTE, P.	C.	
		Firm/Company	
	150 SE 12th STREET, SU	ITE 300	
		Address	
	FORT LAUDERDALE, F	LORIDA 33316	
		City/State and Zip Code	
	german@baileyduquette.co		
For further information	eoncerning this matter, please concerning this matter.	to be used for future annual report no all:	uneanon)
German Morales		954 495-9212 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed 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 Addre		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEPLINKS HOLDING LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L21000083010	ompany were filed on FEBRUARY 18, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
MEPLINKS LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ECC	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		121
3. If amending the registered agent and/or registered	office address on our records, enter the nam	
gent and/or the new registered office address here:		:
		ćù
Name of New Registered Agent:		03
New Registered Office Address:		
	Enter Florida street address	
	, 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 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>	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date in	he date of filing:		(optional)	
effective date is listed, the date n te: If the date inserted in this	ust be specific and cannot be pr block does not meet the app	ior to date of filing or more licable statutory filing r	than 90 days after filing.) Purs equirements, this date will:	mant to 605.020 not be listed as
ument's effective date on the	Department of State's record	ds.		
cord specifies a delayed effect	tive date, but not an effective	e time at 12:01 a.m. on	the earlier of: (b) The 90t	h day after the
s filed.	inve date, but not an effective	. (1110, at 12,01 a.m. 011	the current with (b)	•,
, MARCH 4	2021			
ed		·		
cu	Signature of a member or au	\cap	1	

Typed or printed name of signce