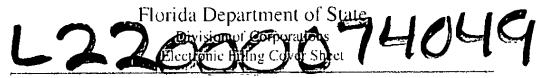
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 : (786)713-1940 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINKED EVENTS LLC

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JUN - 6 2022

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LINKED EVENTS LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
`	,			
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/14/2022	an	d assi	gred
Florida document number L22000074049				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lin	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviati	on "L.L	.C. <sup>9</sup>
Enter new principal offices address, if applicable:	data conservation		. <del></del>	
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the na	me of th	e new 2022 JU	registered
Name of New Registered Agent:	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		<u> </u>	<u> </u>
New Registered Office Address:		٠,	و	<u> </u>
	Enier Florida street address	·	PH 12	0.747
	, Florida _		<u>~</u>	
	City	Zip	<b>C</b>	

## 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
MGR	STAZZONE, LEONARDO M.	5537 SHELDON RD STE E	LIPATA TO THE PARTY OF THE PART
		TAMPA, FL 33615	□Remove
AMBR	LOPEZ, GRACIELA C.	5537 SHELDON RD STE E	t∱Add
		TAMPA, FI. 33615	ПРетюче
	*	Change	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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Page: 6 of 6

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:  (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 605.0207 to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
e recor and is fi	d 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 led.
Dated	MAY 2ND . 2022 .
	LAARRA
	Signature of a member or authorized representative of a member
	VALERIA VALLINA  Typed or printed name of signee