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22 MAY 20 AM 8: 31

T. MATTHEWS
JUL 2 2 2022

COVER LETTER

TO: Registration Se Division of Cor					
OURIECE	cal Gear LLC				
SUBJECT:		ited Liability Company			
The england Amiolog of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter	-			
	Bethany Saavedra				
	<u> </u>	Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Linka Tactical Gear LLC				
		Firm/Company			
	17700 Corkwood Bend Tr	ail			
		Address			
	Punta Gorda FL 33982				
		City/State and Zip Code			
	bethanyrsaavedra@gmail.co				
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report nall:	iotification)		
Bethany Saavedra		239 2732201 at ()			
Name o	f Person		time Telephone Number		
Enclosed 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 Addres		Street Address:	-		
Division of C		_	Registration Section Division of Corporations		
P.O. Box 632	27	The Centre o			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE OF STATE OF OF OUR PORATIONS OF OUR PORATIONS

Linka Tactical Gear LLC

22 MAY 20 AH 8: 31

(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 4/20/2022 and assigned Florida document number L22000188706

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 "LLC."

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

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

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 affice address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

__, Florida ___

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
AMBR	Bethany Roxanne Saavedra	17700 Corkwood Bend Trail Punta Gorda FL 33982	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ective date, if other than the	date of filing:			(optional)	
effective date is listed, the date muster. If the date inserted in this bl	st be specific and cann	ot be prior to date	of filing or more that	n 90 days after filing.)	Pursuant to 605,020
ument's effective date on the D			atutory ming requ	irements, this date w	m not be nsteu a
record specifies a delayed		, but not an e	effective time,	at 12:01 a.m. o	n the earlier o
he 90th day after the rec	ora is filea.				
ed May 13	20	22			
cu					
<u> </u>	· 1 - 7 A				
RAA	Signature of a memb				