Florida Department of State Envisiones Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 LAUDERDALE LINKS LLC

Certificate of Status	0
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K Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF

Lauderdale Links LLC			
(<u>Name of the Limited Lia</u>) (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L22000269640	y Company were filed on 06/13/22	and assigne	d
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	•
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Stating daness SIAT BE A TOST OF THEE BONG			
B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent:	ered office address on our records, <u>enter the nar</u> e:	ne of the new re	gistered
		28	11: -
New Registered Office Address:	Enter Florida street address	P. C.	
	Florida	·	
	City	Zip Co de	

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>	<u>Name</u>	Address	Type of Action
AMBR	Brian Corriston	417 NE 17TH AVE APT 13	XAdd
		FT LAUDERDALE FL 33301	Remove
			☐ Change
			□Add
			□Remove
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Note: If the	ate, if other than the d date is listed, the date must date inserted in this bloc effective date on the Dep	ck does not meet th	e applicable statu	iling or more than tory filing require	(optional) O days after filing.) I ments, this date w	Pursuant to 605 0207 (ill not be listed as t
the record specord is filed.	cifies a delayed effective	date, but not an eff	Tective time, at 12	:01 a.m. on the ea	rlier of: (b) The	90th day after the
			2022 .			
Dated	June 28	·				
Dated	June 28	 Morga	-0-44-			
Dated		Signature of a membe		esentative of a men	ıber	

Filing Fee: \$25.00