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SECRETARY OF STATE

TANK SEFF. FL

COVER LETTER

TO: Registration So Division of Con			,	
	NTINENTAL LINK LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	MERCEDES D PADRON	RAMONES		
		Name of Person		
	INTERCONTINENTAL I	LINK LLC		
		Firm/Company		
	309 CASCADE BEND DI	RIVE	20	
		Address	2022 OCT SECRETALLA	
	RUSKIN FL 33570		五年 27	-1 9%,38%,3 -1 9%,3 -1
	Edgarubtax@gmail.com	City/State and Zip Code		
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	ration)	
Edgar Rubiano		813 504-3193 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 Registration S Division of C	Section	Street Address: Registration Sect Division of Corpe		
P.O. Box 632	.7 ·	The Centre of Ta	llahassee	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our records.)	
(A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan lorida document number L22000286448	y were filed on JUNE 24, 2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		2021 S.E.
Principal office address MUST BE A STREET ADDRESS)		29 8 TE
		2 7 P
		- C
nter new mailing address, if applicable:		第8年 三
Mailing address MAY BE A POST OFFICE BOX)		77 -
Mailing universimal BE A POST OFFICE BOX		T m
. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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

NUMBER CONTENTENT AT TIME TO C

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	FERNANDO PADRON RAMONE S	309 CASCADE BEND DRIVE, RUSKIN 33570	= Add
			□Remove
			□Change
			□Add
			□Remove
		TALLAHASSE	Change O77 OCT Add
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ective date, if other than the da	ate of filing:		(opti	onal)		
effective date is listed, the date must be: If the date inserted in this block	e specific and cannot be prior	to date of filing or mor	e than 90 days afte	r filing.) Pu	irsuant to	605.026
ument's effective date on the Depa	ertment of State's records.	able statutory timing	requirements, un	s date wit	i not be	115100
cord specifies a delayed effective d	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The 9	0th day a	after th
s filed.						
OCTOBER 18	2022					
ed		<u> </u>				
	`					
	gnature of a member or author			_		_