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TO:

Registration Section

Name of Lim	ited Liability Company		
	ited Liability Company		
mendment and fee(s) are sub	mitted for filing.		
dence concerning this matter	to the following:		
Enrico Anders			
	Name of Person		
Address Orlando, FL 32821 City/State and Zip Code business@supratax.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: 2407 Area Code Daytine Telephone Number Following amount: S30,000 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations			
· · · · · · · · · · · · · · · · · · ·	BUILDING LLC Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: PANDERS Name of Person Tax LLC Firm/Company Westwood Blvd, Ste 330 Address Io, FL 32821 City/State and Zip Code s@supratax.com E-nail address: (to be used for future annual report notification) this matter, please call: at \(\frac{407}{\text{Area Code}} \) \(\frac{890-1096}{\text{Daytime Telephone Number}} \) In g amount: 00 Filing Fee & \(\subseteq \subseteq \subseteq \subseteq \subseteq \text{Certified Copy} \) (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
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	Address		
Orlando, FL 32821			
	City/State and Zip Code	<u> </u>	
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E-mail address: (to be used for future annual report no	otification)	
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Person	Area Code Dayti	me Telephone Number	
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	Certified Copy	Certificate of Status & Certified Copy	
Registration Section			
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32314			
	Enrico Anders Supra Tax LLC 6675 Westwood Blvd, Ste Orlando, FL 32821 business@supratax.com E-mail address: (cerning this matter, please concerning this matter, please concerning this matter) Cerson Following amount: S30.00 Filing Fee & Certificate of Status	Enrico Anders Name of Person	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINKARME - LINK BUILDING LLC	•			
(Name of the <u>Limited</u> (Λ	Liability Compa Florida Limited	iny as it now appears Liability Company)	on our records.)	·
The Articles of Organization for this Limited Liab	ility Company	were filed on 06/2	9/2022	and assigned
Florida document number L22000293656	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ie limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		6675 Westwood Blvd, Ste 330		
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 3282	21	
Enter new mailing address, if applicable:		6675 Westwood Blvd, Ste 330		
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FI, 32821		
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered office address because in the new registered office address because in the new registered of the		address on our re	cords, enter the name	of the new register
Name of New Registered Agent:	Supra Tax LLC	·		
New Registered Office Address:	6675 Westwood	d Blvd, Ste 330		
		Enter Florid	da street address	
	Orlando		Florida ³²⁸	21
		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 Changing Registered Agent, Signature of New Registered Agent

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	Sheila Cristine Maciel Pires	R. 895 JOSE ALVERINO PLEBANI, 699	= Add
		JARAGUA DO SUL, SC 89258826 BR	□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than the date of filing:					
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records, the record 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 ord is filed. Dated 10th of August 2022 Signature of a member or authorized representative of a member					
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