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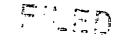
### **COVER LETTER**

TO:

TO: Registration Se Division of Cor		
OneLink fo	r Everything, LLC	•
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Charles White	<u>-</u>
		Name of Person
	OneLink for Everything, L	LC
		Firm/Company
	1400 Village Sq Blvd, D3-	212
		Address
	Tallahassee, FL 32312	
	chad@Hnk.page	City/State and Zip Code
	E-mail address: (	to be used for future annual report notification)
For further information c	oncerning this matter, please ca	all:
Charles White		850 727-3158
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OneLink for Everything, LLC



(Name of the Limited Liability Company as it now appears on our records: 7 -5 Pri 1: 04

The Articles of Organization for this Limited Liability Compan	wwere filed on (07/27/2022) -	and assigned
Florida document number 1.22(XX)332872		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 agent and/or the new registered office address here:	address on our records, enter t	he name of the new register
Name of New Registered Agent:		
N. B. Carlotte Aldress		
New Registered Office Address:	Enter Florida street address	·
	El.	rida
	H IA	

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
MRG	SMITH, RICHARD	1400 VILLAGE SQ BLVD, D3-21212	□ Add
		TALLAHASSEE, FL 323	=Remove
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<u>te:</u> If tl	he date inserte	r than the date the date must be sped in this block date on the Departi	oes not meet th	ne applicable sta	of tiling or more atutory filing r	than 90 days a equirements.	ptional) ofter filing.) P this date wi	ursuant to 605.020 II not be listed a
		a delayed effe er the record i		but not an e	effective tim	ne, at 12:0	1 a.m. or	the earlier
ed <u>Ma</u>	rch 5th		202	1	2_			
		Signa	aure (l'a membe	er or authorized re	presentative of	a member		