Plotida Department of State Division of Gorporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	-
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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 \sim $_{
m color}$ annual report mailings. Enter only one email address please **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINKUS GCS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linkt/s GCS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000117245	were filed on 03/06/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Connany "the designation "11 C" or th	e abbreviation 🎞 C."
Enter new principal offices address, if applicable:	30 SW 1ST STREET, APT 4911	- 23
(Principal office address MUST BE A STREET ADDRESS)	30 SW 1ST STREET, APT 4911 MIAMI, FL 33130 30 SW 1ST STREET, APT 4911 MIAMI, FL 33130 MIAMI, FL 33130 ded office address on our records, enter the interest of the second of the se	
Enter new mailing address, if applicable:	30 SW 1ST STREET. APT 4911	 9
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	£_
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new regists
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Florida	
 	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 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>	<u>Address</u>	Type of Action
AMBR	TiaWayne Anderson	7901 4th St N STE 300	X ⁱ Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannock does not meet	the applicable			filing.) Pursuant to 6	
e record specifies a delayed effective d is filed.	date, but not an e	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day at	ter the
Dated May 22nd	20)23				
Dated May 22nd	Smi	44/				
/ V 2 2 2	9 00	V 60				
7 7 7 2	Signature of a memb	ber or authorized	f representative of	a member		

Filing Fee: \$25.00