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COVER LETTER

TO: Registration Se Division of Cor			•
CUBLECT Mart	inalink HC		
SUBJECT:	ing Link ILC Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Desmond	NettleS Name of Person	
		Firm/Company	——————————————————————————————————————
			10 E
	5303	Sw 3rd ave	CORD FI
	Cape Ce	oral FL 339 City/State and Zip Code	114
		King Q 9 May 1 CON to be used for future annual report no	√
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Desmand 1	lettles	at (2.34) 745-	2206
Name o	f Person	Area Code Daytir	ne 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)
<u>Mailing Addres</u> Registration ! Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	.7	The Centre of	•
Tallahassec, FL 32314		2415 IN, MOIII	oo bireet, butte or o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meetinglink 11	(
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our rec A Florida Limited Liability Company)	orus.)
The Articles of Organization for this Limited Liab Florida document number <u>L23001480</u>	bility Company were filed on $3/23/2$	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t		2002
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
		CJ.
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or req agent and/or the new registered office address	gistered office address on our records, <u>en</u> <u>here</u> :	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	Сіцу	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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>	<u>Address</u>	Type of Action
Ambr	Desmond Nettles	5303 Sw 3rd ak	Lapercoral Fl
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an effective di ote: If the c	ate is listed, the du late inserted in t	n the date of filing the must be specific and this block does not the Department of	id cannot be prior to meet the applicab	date of filing or more le statutory filing r	(option than 90 days after fi requirements, this o	nal) ling.) Pursuant to 605.0. date will not be listed	207 - I as (
record speci is filed.	fies a delayed ef	fective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
atedL	1/7/20	13 Den	. 1 044	-			
		Signature of a	n member or author	zed representative of	a member		
		organical core		•			