La3000-304113

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600425687606

03/20/24--01013--015 **36.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	Wright Route Dis Name of Link	Tatching, LL C.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ivane Wrig	ht Name of Person	
	The Wright	Firm/Company	g, LLC
	13575 584h S	Street North, 200 Address	
	Clearwater, F.	L. 33740 City/State and Zip Code	
	5 upport @fre // E-mail address: (ndy treasurez 1. com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	-
Irane Wrigh Name o	f Person	at (<u>844</u>) <u>7/0 - //</u> Area Code Daytim	c Telephone Number
Enclosed is a check for th	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

pany as it now appears on our records.) [Liability Company]				
y were filed on <u>Ok/21/2023</u>	and assigned			
,				
bility company here:				
oility Company," the designation "LLC" or the abb	reviation "L.L.C."			
13575 58th Street	North			
Suite 200				
Clearwater, Fiorida 3	3760			
address on our records, enter the name	of the new registered			
	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
City Florida	Zip Code			
<u>t</u>	e address on our records, enter the name Enter Florida street address , Florida			

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
 			□Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) .

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If 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 record is filed. Dated 03/01/2024 . _____ Signature of a member or authorized representative of a member Ivane Wright
Typed or printed name of signee