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06/21/23--01001--008 **35.00

A. RAMSEY JUN 2 - 2013

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: LINKED CONSULTING GROUP DOCUMENT NUMBER: P23000044539
DOCUMENT NUMBER: P23000044539
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Reshaye Greentee
Name of Contac Person
Firm/ Company
1211 W Thank St Address
Tallahasser, Fl 32303 City/ State and Zip Code
City/ State and Zip Code
Infoe nothfical
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Conjuct Person at (850), 212 035
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

1	01		Λ	: 0.000 (1.11.	0 0000
Linke	ed Consul	ting 1	inup,	I ANG JUN 2	U PH 12 26
(Name of Corpo	oration as currently	filed with	the Florida D	ept. of State),	RY OF STATE
P2300	0544539			71 1943	SEÉ, FÉÓDÍA:
(D	ocument Number of	Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this F	Florida Prof	it Corporatio	adopts the foll	owing amendment(s)
A. If amending name, enter the new name of t	he corporation:				
			_		The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc. or "Co". A	ompany," oi professione	· "incorporate il corporation	ed" or the abbre a name must-c	viation "Corp.," ontain the word
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>					
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>				
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ess in Flori	da, enter the	name of the	
Name of New Registered Agent					
	(Florida stre	et address)			
New Registered Office Address:				. Florida	
Managareta Office Managa	ľ	City)	_		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	ith and acc	ont the obliga	ions of the nosi	tion
i nevely accept the appointment as registered age	.ac. i am jumuiai W.	IETE EETER TELLE	pi incomgu	ma oj ine posi	119711
	_				
	Signature of New Re	gistered Ag	ent, if changir	ıg	_

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John I	Doc	
X Remove	<u>V</u> <u>Mike</u> .	Jone <u>s</u>	
X Add	SV Saily S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) K Change	<u>CMO</u>	OH ANN, LLC	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u>-</u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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amendment itself:		
		
		
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	ellation of issued sl amendment itself	ellation of issued shares, amendment itself:

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
Dated June 20, 2023	
Signature Klehene Hall	_
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Restrage Greenlee (Typed or printed name of person signing)	
·	
Registered Agent Incorporate	
(Title of person signing)	