

KACCCC320619

(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:

Member Signature

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FILED
2022 APR 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

4/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: Change of Name of LLC

Name of Limited Liability Company

2022 APR 20 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dylan Linsky

Name of Person

linsky financial group llc

Firm/Company

1655 Palm Beach Lakes Boulevard, 402

Address

West Palm Beach

City/State and Zip Code

dylan@linskyfinancialgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

dylan linsky

561 5171018

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2022

DYLAN LINSKY
1655 PALM BEACH LAKES BOULEVARD, 402
WEST PALM BEACH, FL 33401

SUBJECT: LINSKY FINANCIAL GROUP LLC
Ref. Number: L20000320619

We have received your document for LINSKY FINANCIAL GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 922A00007814

FILED

2022 APR 20 PM 2:55

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FL

N/A

MGR = Manager
AMBR = Authorized Member

N/A

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Everything other than the name change will stay the same.

[illegible]

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 March 16 2022

Signature of a member or authorized representative of a member

Dylan Linsky

Typed or printed name of signee

Filing Fee: \$25.00