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.

(((H19000082352 3)))



H180000823523ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _ CGC@TRIPPSCOTT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNEX 12, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K, SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H19000082352 3)))

MICHARIA PARA

CONNEX 12, LLC

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

		· // // *
The Articles of Organization for this Limited Liability Compan	y were filed on DECEMBER 16, 2011	and assigned
Florida document number L11000141267		4
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ha	bility company here:	
10JIN, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Trincipal infice address MOST BE A STREET ADDRESS)		
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, en	ter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, If changing Registered Agent	•	rip conc
New Acesticies Agent's Signature, it changing acepistered Agent	<u>•</u>	

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

Page 1 of 3

MGR = Manager

(((H19000082352 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
			Remove
	·		Change To Add
-			
			Respoye
			QJehan E
			Add
			□ Remove
			Change
			Remove
			Cliange
			[7] Add
			C Remove
			[I] Change
			□ Remove
			Change

			 -					
				 .				
*			<u></u>					
 -		<u> </u>				 .		
	 							
				<u>.</u>				
				_ 				
							<u> </u>	
				· · · · · · · · · · · · · · · · · · ·			芳	- 4
		_				200	72	Ī
							मूं न	i
			,		· ·			
				,				
			<u></u>		<u> </u>		<u></u>	
	<u> </u>			***				
			·					
Castina data	if other than th	se date of filin	a,	•	1	optional)		
C' - ' - dute,	is listed, the date mu	iust be specific and	d cannot be prior	to date of filing or	more than 90 days	otter filing.) Pu	ryuuni to 605.0 Loot be jisted	207
an errective date John I filhe day	tive date on the I	Department of S	State's records.	able state of the	ng requirement	, this data is in		. •.5
<u>lote:</u> If the date			J-k- Ek	6 a.s. aff	N	01	the endied	1
lote: If the date ocument's effec			Jace, Duc No	r an enective	time, at 12.	OT aville off	tile earliei	U
lote: If the date ocument's effect ef	cifies a delaye ly after the re	cord is filed,						
Note: If the date ocument's effect e record spe The 90th date MARCH	y after the re	ecord is filed.						
Note: If the date ocument's effect ef	y after the re	ecord is filed.	2019	·				
Note: If the date ocument's effect e record spe The 90th date MARCH	y after the re	ecord is filed.	2019					

Page 3 of 3

Filing Fee: \$25.00