

L140000 26429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

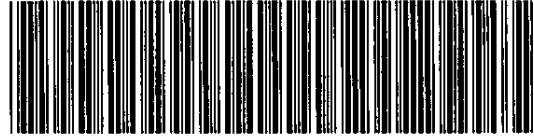
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100288465571

08/01/16--01009--036 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG - 1 P 4: 26

FILED

S Warren

AUG 02 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Connection Festival, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Armando Joseph Lezcano III
Name of Person

Connection Festival LLC
Firm/Company

1568 Palm Avenue
Address

Jacksonville, FL 32207
City/State and Zip Code

joe@connectionfestival.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Joseph Lezcano III at (904) 386-5902
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

Connection Festival LLC

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

FILED
2014 AUG - 1 P 4: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/17/2014 and assigned Florida document number L14000026429.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1568 Palm Avenue
Jacksonville, FL 32207

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1568 Palm Avenue
Jacksonville, FL 32207

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Armando Joseph Lezcano III


New Registered Office Address: 1568 Palm Avenue

Enter Florida street address

Jacksonville, Florida 32207
City Zip Code

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 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>	<u>Type of Action</u>
AMBR	Jordan Mandel	4150 Belfort Road	<input type="checkbox"/> Add
		#E50875	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32255	<input type="checkbox"/> Change
AMBR	Andrew M. Lawless, JR.	4150 Belfort Road	<input type="checkbox"/> Add
		#E50875	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32255	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 09/10/10 10:26 AM

Lined area for text entry.

E. Effective date, if other than the date of filing: July 22, 2016 (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 July 22, 2016



Signature of a member or authorized representative of a member

Armando Joseph Leccano III
Typed or printed name of signee

FILED
2016 AUG -1 P 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA