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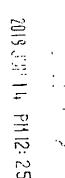
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## **COVER LETTER**

Div	ision of Corp	orations	•			
SUBJECT:	CONNEXIONS, LLC  Name of Limited Liability Company					
JOBJEC I.						
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter (	to the following:			
		JULIE MCGILL				
		<del></del>	Name of Person			
			Firm/Company			
		3227 JENA STREET				
		<del></del>	Address			
		NEW ORLEANS, LA 7012	25			
		JULIE.MCGILL23@GMAI	City/State and Zip Code L.COM			
		E-mail address: (t	o be used for future annual report n	otification)		
For further in	nformation co	ncerning this matter, please ca	ill:			
JULIE MCC	HLL		502 262-2280 at (			
	Name of	Person		ime Telephone Number		
Enclosed is a	a check for the	following amount:				
■ \$25.00 F	iling 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:** 

 $C_{2n-2} = A_{2n-2}$ 

**Registration Section** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CONNEXIONS, LLC

company has been notified in writing of this change.

2019 JULI 14 PM 12: 25

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/20/18	and assigned
Florida document number 11900000495	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
CONXXIONS, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or regist		ecords, enter the name of the
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	and agree to act in this capacity	y. I further agree to comply with
provisions of all statutes relative to the proper and co		-
accept the obligations of my position as registered ag being filed to merely reflect a change in the registere.		_

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<del></del>			
		<del> </del>	□ Remove
			Change
	<del>.</del>		□ Add
			Remove
		<del> </del>	☐ Change
		<del></del>	□ Add
			Remove
			☐ Change
	<del></del>		□ Add
		<del></del>	Remove
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			Remove
			Change
		<del></del>	□ Remove
			Change

D. If amending any other inform	ation, enter change(s) here: (	Attach additional sheets, if no	ecessary.)
-		,	
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E. Effective date, if other than the (If an effective date is listed, the date may Note: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot be prior to dolock does not meet the applicable	ate of filing or more than 90 days af	
if the record specifies a delaye (b) The 90th day after the re	d effective date, but not a cord is filed.	n effective time, at 12:01	a,m. on the earlier of
Dated June 11	2019		
()n0	Signature of a member or authorize	d representative of a member	
	- de invincepor addioliza	a representative or a memori	
Julie McGill			
	Typed or printed na	ame of signee	

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Filing Fee: \$25.00