

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000121503

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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
 Account Number : I19990000006  
 Phone : (407)425-7010  
 Fax Number : (407)425-2747

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**Email Address:** corporate@zkslawfirm.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CONNECT 2 PARTNERS, LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	<b>\$25.00</b>

**C. BRUMBLEY**  
 SEP - 7 2022

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONNECT 2 PARTNERS, L.L.C.

\_\_\_\_\_  
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:

CHRISTINE L. WEINGART, ESQ.

\_\_\_\_\_  
Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

\_\_\_\_\_  
Firm/Company

315 E. ROBINSON STREET, STE 600

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32801

\_\_\_\_\_  
City/State and Zip Code

corporate@zkslawfirm.com

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

For further information concerning this matter, please call:

EILEEN SOTO, LEGAL ASSISTANT

407 425-7010

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CONNECT 2 PARTNERS, 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 Company were filed on May 7, 2020 and assigned Florida document number L20000121503.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: \_\_\_\_\_

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 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



