

121000358577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

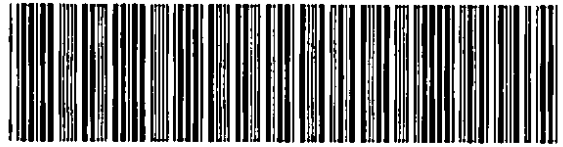
(Business Entity Name)

(Document Number)

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10/29/21

T.A.S.

SECRETARY OF STATE
EMBASSY OF THE
UNITED STATES OF AMERICA

2021 OCT 18 AM 8:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNECTA SER CUANTICO, 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:

Jessy Furniel
Name of Person

Connecta Ser Cuantico
Firm/Company

10437 Kuter Drive #6138
Address

JBER, AK 99506
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessy Furniel at (443) 838-2488
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CONNECTA SER CUANTICO, 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 08/10/2001 and assigned Florida document number L21000358577.

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)

10437 Kuter Drive #0138
JBER, AK 99504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10437 Kuter Drive #0138
JBER, AK 99504

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:

Ronald Furniel

New Registered Office Address:

4550 W Oakdale Ave # 130755

Enter Florida street address

Tampa

City

Florida

33681

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>
MGR	Romina de Gabbi	250 95th St #546153	<input type="checkbox"/> Add
		Surfside, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Jessy Furniel	10437 Kuter Dr #6138	<input type="checkbox"/> Add
		JBER, AK 99504	<input type="checkbox"/> Remove
		MGR to Owner	<input checked="" 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

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REGISTRATION SECTION
TALLAHASSEE, FLORIDA

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

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 SECRETARY OF STATE
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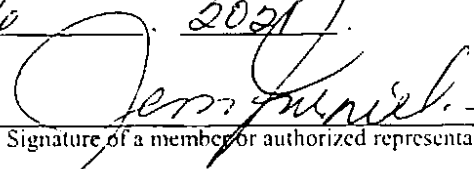
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 26, 2021



Signature of a member or authorized representative of a member

Jessy Furniel
 Typed or printed name of signee