Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:	
EMIGIL MUUI 633.	

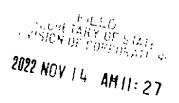
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALESSA ENTERPRISE LLC

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A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Compan (A Florida Limited Li	y ay it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company villorida document number L22000295662	were filed on 06/30/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Connected Form LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C" 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

Alessa Enterprise LLC

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 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>	Address	Type of Action
			DAdd
			Remove
			□Change
			□Add
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			□ Change
		□Add	
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			Ti Charan

			LANDER OF STATE
). If amending any other inf	ormation, enter change(s) here: (A	ttach additional sheets, if necesse	12822 NOV 14 AM II . 22
<u></u>			
			-
Note: If the date inserted in	an the date of filing: late must be specific and cannot be prior to dat this block does not meet the applicable in the Department of State's records.	te of filing or more than 90 days after til statutory filing requirements, this d	al) ing.) Pursuant to 605.9207 (3)(b) ate will not be listed as the
If the record specifies a delayed record is filed.	effective date, but not an effective time, a	at 12:01 a.m on the earlier of: (b)	The 90th day after the
Dated 11/11	2022		
R:lug 1			
•	Signature of a memoer of authorized	I representative of a member	
Riley Pa	Typed or printed na.	ane of signee	