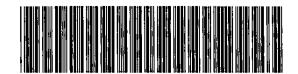
# <u>L07000119534</u>

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            | <u> </u>    |
| (Ad                     | idress)            | <del></del> |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT             | MAIL .      |
| (Bu                     | siness Entity Nam  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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# **COVER LETTER**

| _               | stration Sec<br>sion of Corp |  |   |   |
|-----------------|------------------------------|--|---|---|
| SUBJECT:        | S-Connectio                  | n, LLC                                       |   |   |
| SOBJECT: _      |                              | Name of Limi                                 | ited Liability Company  |   |
| The enclosed    | Articles of A                | amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return a | all correspon                | dence concerning this matter                 | to the following:   |   |
|                 |                              | Corey A. C. David De Sou                     | za  | ·   |
|                 |                              |  | Name of Person  |   |
|                 |                              | S-Connection, LLC                            |   |   |
|                 |                              |  | Firm/Company  |   |
|                 |                              | 2811 SW Archer Rd, Apt C                     | 356   |   |
|                 |                              |  | Address   |   |
|                 |                              | Gainesville, FL 32608                        |   |   |
|                 |                              | csouza@sconnection.org                       | City/State and Zip Code   |   |
|                 |                              | E-mail address: (t                           | o be used for future annual report notific                        | cation)   |
| For further inf | ormation co                  | ncerning this matter, please ca              | dl:   |   |
| Corey Souza     |                              |  | 352 316-0682  |   |
|                 | Name of                      | Person                                       | Area Code Daytime   | Telephone Number  |
| Enclosed is a   | check for the                | following amount:                            |   |   |
| ■ \$25.00 Fil   | ing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| 5-Connection LLC   |   |
|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited I                             | ny as it now appears on our records.)<br>.iability Company)       |
| The Articles of Organization for this Limited Liability Company  Florida document number | were filed on and assigned  |
| This amendment is submitted to amend the following:                                      |   |
| A. If amending name, enter the new name of the limited liab                              | ility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabil               | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                      | 2811 Sw Archer Fd   |
| Principal office address MUST BE A STREET ADDRESS)                                       | Aut USG   |
|  | Gainesville, FU 32408   |
| Enter new mailing address, if applicable:  | 2811 Sw Archer PJ   |
| (Mailing address MAY BE A POST OFFICE BOX)   | Apt 656   |
|  | Coainesulle, FC 32608   |
|  | Alla  |
| B. If amending the registered agent and/or registered of                                 | ffice address on our records, enter the name of th                |
| registered agent and/or the new registered office address here                           | <u>-</u>  |
|  |   |
| Name of New Registered Agent:  | 95 to 17  |
| New Registered Office Address:   |   |
| TAIL THEORETE STORES THE STORE   | Enter Florida street address                                      |
|  | Florida   |
| <del></del>  | City Zin 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 | • | • |

| Title       | Name                            | Address  | Type of Action   |
|-------------|---------------------------------|--|------------------|
| MUR         | David De Souza, Cosey A<br>PRES | 2811 Sw Archee PS<br>Apt 656   | 🗆 Add            |
|             | PRES                            | Apt 656  | Remove           |
|             |                                 | Gainesville FL 32608   | <b>∠</b> Change  |
| MGR         | Devid De Souza, Victor S        | 2811 Sw Archer Pd  | EJ Add           |
|             | VP                              | Apt 650  | □ Remove         |
|             |                                 | Con nesulle FL 32600   | Change           |
|             |                                 |  | 🖸 Add            |
|             |                                 |  | □ Remove         |
|             |                                 | The second secon | □ <b>R</b> hange |
|             |                                 | Solver Control of the | (1)              |
|             |                                 | FLOR   | Add Remove       |
|             |                                 | S.   | <b>1</b>         |
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|             |                                 |  | 🗆 Remove         |
|             | •                               |  | □ Change         |

| S-Connection, LLC established 11/29/2007 in the state of Florida is dedicated to performing arts p                    | nroduction &       |
|---|--------------------|
|   |                    |
| education. Although the company focuses on teaching and producing events centered on circus an                        | ts, as well        |
| as Brazilian dance and music styles, our network of artists and collaborators represent a wide vari                   | ety of music,      |
| dance and theatre genres. Most of our work is executed through (but not limited to) three main pro-                   | ojects:            |
| S-Connection Aerial Arts (circus school), Maca Reggae Samba (Brazilian band), and Make Your                           | History in Bahia   |
| (cultural tour program). Through regularly occurring events, workshops, cultural exchange progra                      | noming and on-     |
| going classes at our circus school, we contribute to the diversity of performing arts education in the                | he city of         |
| Gainesville, surrounding areas, and any location where we are hired to take our work, either as pe                    | aformers or        |
| educators. Our studio is membership-based, and offers numerous opportunities for children (ages                       | 5+) through        |
| adults to experience, learn and share cultural histories through music, dance, theater and circus ar                  | ts. It is our goal |
| not only to provide sound instruction in performing arts, and presentation of clite level entertainm                  | nent, but also     |
| promote the importance of conservation and active citizenship through the performing arts. This g                     | oal is achieved    |
| on numerous levels through our diverse programs, including free or reduced participation for und                      | er served comm     |
| unities, programs geared towards conservation education and social inclusion.   |                    |
|   | ===                |
| ive date, if other than the date of filing:   | ling.) Pursuant to |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.r egoth day after the record is filed. | m. on the ead      |
|   |                    |
| Signature of a member or authorized representative of a member  |                    |

Page 3 of 3

Filing Fee: \$25.00