## L170000/4911

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A CHE MAY YOU STALE LLAHASSEE, FLORIDA

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D BRUCE JUN 21 2017

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	All Source Name of Lim	e Connection ited Liability Company	n LLC.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Rac	Name of Person	1CZ
		Firm Company	<u></u>
	382	22 NW 164.	st
	Mid	City/State and Zip Code  Ce Conne ( † O/ to be used for future annual report not	054
	E-mail address: (	ce connection to be used for future annual report no	negmall.com
For further information	concerning this matter, please co	all:	II JUN
	Mattinez	at (786) 8	5-904
Name  Enclosed is a check for	of Person the following amount:	Area Code Daytii	ne Telephone Number CO P 3 45
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	nification)  ALL AHAS

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

All Shuce

Connection

•	hility Company as it now and	nears on our r	ecords.)		
(A Flo	hility Company as it now apprida Limited Liability Compar	y)	<u></u> ,		
The Articles of Organization for this Limited Liability Florida document number <u>L170000</u> 14		1 1	9/2017	7 and ass	igned
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liability company	here:			
The new name must be distinguishable and contain the words "!	Limited Liability Company," (	ne designation	"LLC" or the abb	oreviation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>		<u></u>	2017	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)			LAHASSEE FLOR	- TO	TLED
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	on our re	OR OR OR Cords, enter		of the n
Name of New Registered Agent:	Rachel				
New Registered Office Address:	<del></del>		1645	<b>†</b> .	
		Florida street e			
_	Miami		Florida	330	54
Name Descriptored America Companies of Shanging Descript				Zīp 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 Igent, Signatured New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action \_□ Add ☐ Remove ☐ Change □ Add \_□ Change \_□ Add □ Remove Change Remove Change \_\_\_\_\_ Add \_□ Remove \_□ Change \_ Add ☐ Remove \_□ Change

Iffective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In 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 605/02 force. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a beament's effective date on the Department of State's records  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the post day after the record is filed.  [June 13 3017]  [Signature of a member or authorized representative of a mappy of the post of the post of a member of a member or authorized representative of a mappy of the post									
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Filing Fee: \$25.00