Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AUSTIN COLBY COMPANY

Account Number : I20120000039 Phone : (727)497~1661

Fax Number : (181)497-4736

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTIONOLOGY SEMINARS OF AMERICA, LLC.

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COVER LETTER

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eun iezer.	CONNECTION	ONOLOGY SEMINARS OF	AMERICA, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Jonathan Golden		
			Name of Person	
			Firm/Company	
		12707 49th Street N., Suite	: 900	
			Address	
		Clearwater, FL 33762		
		jg@bostonfinancegroup.com	City/State and Zip Code	-
		E-mail address; (t	to be used for future annual report notif	ication)
For further in	nformation cor	cerning this matter, please ca	all:	
Jonathan Go			727 497-1661 at ()	: Telephone Number
	Name of I	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section **Division of Corporations**

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

CONNECTIONOLOGY SEMINARS OF AMERICA, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number L12000047979	any were filed on 04/08/2	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	hability Company." the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12707 49th Street N	Suite 200
(Principal office address MUST BE A STREET ADDRESS	Clearwater, FL 3376	52
Enter new mailing address, if applicable:	12707 49th Street N	., Suite 200
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 3376	52
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our recor	rds, enter the name of the new registered
Name of New Registered Agent: Jonathan G	olden	
New Registered Office Address: 12707 49th	Street N., Suite 900	E. 2
	Enter Florida s	treet address
Clearwater		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.

JFChanging 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>	Address	Type of Action
MGR	Leo J. Govoni	12707 49th Street N., Suite 200	≣ Add
		Clearwater, FL 33762	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			Remove
			□Change
		 	□Add
			□Remove

Effective date, if other than the date of filing: (Uptional) If an effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (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. 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 ord is filed. Dated October 22 2020 Jugature of a member or authorized representative of a member Leo J. Govoni	_	
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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00