

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L12000047979

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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: _____

2020 DEC -2 PM 3:12 FILED

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

Table with 2 columns: Item Name, Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONNECTIONOLOGY SEMINARS OF AMERICA, 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 04/08/2012 and assigned Florida document number L12000047979.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2010 DEC 2 11 3:12
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

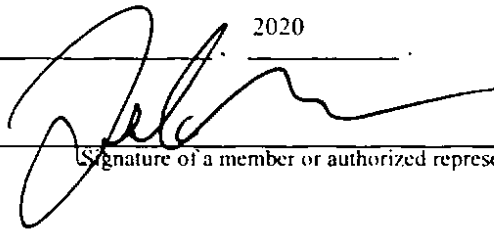
E. Effective date, if other than the date of filing: _____ (optional)

(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 22 _____, 2020



Signature of a member or authorized representative of a member

Leo J. Govoni

Typed or printed name of signee