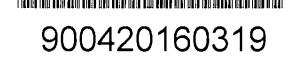
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bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpo		·	
SUBJECT:			
	Name of Limit	led Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Alu	Sa Dyer Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: Address: City/State and Zip Code E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: All Correspondence concerning this matter, please call: All Correspondence concerning this matter to the following and the following amount: The first concerning this matter to the following and the following an		
	4854 Pa	SEIDON Place	·····
	Laxe wor	th FI 33463 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	all:	
AUSS Name of	C D Person	at (50) 907 Area Code Daytime	-9412 Telephone Number
Enclosed is a check for the	e following amount:		
☑\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			etion
P.O. Box 6327	-	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	iability Compan Iorida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L22000</u> 71		were filed on2	14/2022	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	= 	alonal Co	onnection LLC or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		BOUNTON	Congress Beach	AVR. J.FL 33424
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	POLINTUR	Congress Prock	Ave) FL 33426
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office a sere:	ddress on our reco	rds, <u>enter the na</u> r	ne of the new registered
Name of New Registered Agent:	1,1			
New Registered Office Address:	4781	Enter Florida	street address	<u> </u>
-	Bayon	on Beach	, Florida _	334210 · 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

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 = Ma	anager athorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	
			☐Remove
			□ Add
			□Remove
			Change
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			Change
			□Add

□Remove

_____ □Change

Page 2 of 3

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Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	ate must be specific this block does n	c and cannot be price not meet the appli	or to date of filing or mi icable statutory filing	(option ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.0
the record specifies a de) The 90th day after th	lay e d effective e record is fil	ve date, but n ed.	ot an effective t	ime, at 12:01 a.r	n. on the earlier
Dated December	r 5_	. 202	3.		
	Signature	of a member or aut	horized representative	of a member	
	-	\ <i>J</i>			

Page 3 of 3

Filing Fee: \$25.00