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COVER LETTER

Registration Section

TO:

Divi	sion of Cor	porations		
	The Connec	eticut Company I, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Dena Auletto		
			Name of Person	
		Saavedra-Goodwin		
			Firm/Company	
		312 S.E. 17th Street, 2nd F	loor	
			Address	· · · · · · · · · · · · · · · · · · ·
		Fort Lauderdale, FL 33316)	
		 	City/State and Zip Code	
		dauletto@saavlaw.com		
For further in	formation co	e-mail address: (to be used for future annual report r	notification)
Dena Auletto		g and an and produce of	954 767-6333	
—————			at (
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 Fi	ling Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addressistration S	_	Street Address: Registration	
Div	ision of C	orporations	Division of C	Corporations
	Box 632		The Centre o	
1411	ahassee, F	L 32314	2413 N. MOD	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Connecticut Company I, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Clorida document number <u>L05000001017</u> .	y were filed on <u>01/04/2005</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		يے
		J2:j
	- ·	
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Flor	
	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

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	Damaso W. Saavedra	Saavedra-Goodwin	□ Add
		312 S.E. 17th Street, 2nd Floor	■Remove
		Fort Lauderdale, FL 33316	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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ffecti	ve date, if other than the date of filing:(optional)
fan effe Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	Λ
record d is file	I 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 ed.
ated _	August 1! , 2020
	VAV
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00