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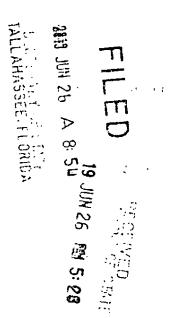
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corpor		,		
=	nced Con	nections & k	lepair, LLC	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	Marjorie Advande P.O. Bo Crawf	A Freeman Name of Person EL Connection Firm/Company Address Address Other Formany Address Other Formany Address Other Formany Address Address Other Formany Address	nsé Repair, L 13232/2 a hoo. com	LAC FILED
For further information cone		o be used for future annual report polifical.	cation)	
Marjorie F Name of Pe	reewan	at (850) 408	7-1417 Telephone Number	
Enclosed is a check for the f	following amount:			
□ \$25.00 Filing 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)	

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
(1) The state of t	attende De sois Africa
(Name of the Limited Liat	www company as it now appears of our records.
(A Flor	ility Company as it now appears of our records. ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{5/14/7008}{}$ and assigned
Florida document number <u>L08000</u>	48228
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)
	₹.· ¥
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	AHE JUH 7
	- SS 28 M
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida City Zip Code
	CITY AIP CORE

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 = Au	thorized Member		,
Title Nember	Tan Tutte	Address PO. BOX 1142 Claufordvilly FL	Type of Action Add
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Effective date, if other contents of the date is listed. Note: If the date insets	erted in this block does	s not meet the	applicable statut	ling or more than 90 ory filing requirer	(option days after filenents, this d	al)	uant to 605.0)207 d as
document's effective	date on the Departmen	nt of State's re	corus.					
the record specifie) The 90th day a	es a delayed effect fter the record is t	tive date, bi filed.	ut not an effe	ective time, at	12:01 a.r	m. on th	ne earlie	r of:
Dated	l de	- , <u>H</u>	1/1/1					
	1000	// // //	$\mathcal{N}\mathcal{V}$					
A	Signatur	re of a momber of	or authorized repre	sentative of a mem	oer			

Page 3 of 3

Filing Fee: \$25.00