

# U0000030197

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MMXVII CONSULTING LLC  
Account Number : I20170000085  
Phone : (954)736-7418  
Fax Number : (786)916-3913

616 V L-101103  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: IAN@PERCHIKCPA.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONEKTUS LLC**

2019 JUN 03 10:03

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: L10000030197**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN PERCHIK, CPA  
Name of Person

MMXVII CONSULTING LLC  
Firm/Company

2625 WESTON ROAD - SUITE D  
Address

WESTON, FLORIDA 33331  
City/State and Zip Code

MMXVIICONSULTING@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

RECEIVED  
CORPORATION  
AUG 18

For further information concerning this matter, please call:

IAN PERCHIK, CPA at ( 954 ) 736-7418  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CONEKTUS 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 03/18/2010 and assigned Florida document number L10000030197

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CIMACOM DATA LLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CRESPO, FELIPE	2625 WESTON ROAD - SUITE D	<input type="checkbox"/> Add
		WESTON, FLORIDA 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MORDOVICH, XIOMARA	4828 SW 183 AVE.	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

