

**L10000091193**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

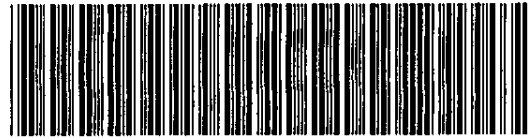
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2010 DEC 23 AM 11:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**C. LEWIS**  
DEC 27 2010  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2010

NODIRA LA PLACA, JEFF STANDARD  
CONNECT 2 THE SPIRIT  
102 PARK PLACE, SUITE A1  
KISSIMMEE, FL 34741

SUBJECT: CONNECT 2 THE SPIRIT, LLC  
Ref. Number: L10000091193

We have received your document for CONNECT 2 THE SPIRIT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please list only one name as the registered agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 910A00028445

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Connect 2 the spirit  
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:

Nodira La Placa, Jeff Standard  
Name of Person

Connect 2 the Spirit  
Firm/Company

102 Park Place Blvd, Suite A 1  
Address

Kissimmee FL - 34741  
City/State and Zip Code

connect2thespirit@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nodira La Placa & Jeff Standard at (407) 749-4800  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

CONNECT 2 THE SPIRIT, LLC

2010 DEC 23 AM 11:45

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/31/2010 and assigned  
Florida document number L10000091193.

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 end with 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:

~~James J. Standard~~ Jeff Standard

New Registered Office Address:

Enter Florida street address

City, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager



MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Melissa Danilowski	1080 S. Hoagland BLVD. #30 Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nodira La Placa	11109 Hambley Ave. Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeff Standard	11109 Hambley Ave. Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated December 2, 2010.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
 Jeff Standard  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2010 DEC 23 AM 11:45  
HALL COUNTY CLERK  
HALL COUNTY, FLORIDA