## L11000033705

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

## **COVER LETTER**

Division of Co					
SUBJECT:	Conne	ct Tours, LLC			
Name of Limited Liability Company					
	f Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
	Ca	arlos J. Burruezo, Esq.			
		Name of Person			
Burruezo Law Firm, PLLC					
Firm/Company					
3738 Lower Park Road					
Address					
	Orlando, Florida 32814				
	City/State and Zip Code				
		los@burruezolaw.com o be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
Carlos	J. Burruezo, Esq.	at (_407 ) Area Code & Daytin	754-2904		
Name	of Person	Area Code & Daytin	ne 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

Connect To (Name of the Limited Liability Compan (A Florida Limited L	ours, LLC  y as it now appears on our records.)  iability Company)					
The Articles of Organization for this Limited Liability Company were filed on March 21, 2011 and assigned Florida document number L11000033705						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :					
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	8750 Exchange Drive, Unit 3					
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32809					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8750 Exchange Drive, Unit 3 Orlando, Florida 32809					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
Name of New Registered Agent:	<u> </u>					
New Registered Office Address:	<u> </u>					
	Enter Florida street address					
New Registered Agent's Signature, if changing Registered Agent:	City Zip &de					
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	lete performance of my duties, and I am familiar with and					

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 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>	Type of Action
MGR	Wilton Spinellis	8750 Exchange Drive, Unit 3 Orlando, Florida 32809	Add Remove
	·		Add Remove
			Add Remove
<del></del>			Add Remove
	-		Add Remove
			Add Remove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del>
Dated	October 28	2011  ember or authorized representative of a member	
	(	Carlos J. Burruezo, Esq.  Typed or printed name of signee	

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Filing Fee: \$25.00