L11000038825

(Re	questor's Name)			
(Address)				
(Address)				
. (Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name) L11 - 38825 (Document Number)				
(Document Number)				
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11 JUL 26 AN 10: 05
SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: Connections Elevator [LC"					
	Name of Limited Liability Company				
The er	nelosed Articles of Amendment and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Stephanie Garcia				
	Name of Person				
	Connections Elevator LLC				
	12270 SW 3 St, Suite 200				
	PLANTATION, FZ 33325 City/State and Zip Code				
	Equal address: (to be used for future annual reportmotification)				
For fu	rther information concerning this matter, please call:				
8	Name of Person at (954) 792-1,000 Area Code & Daytime Telephone Number				
Enclos	sed is a check for the following amount:				
\$2:	5.00 Filing Fee \$\ S30.00 Filing Fee &				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2011

STEPHANIE GARCIA PO BOX 559009 FORT LAUDERDALE, FL 33355

SUBJECT: CONNECTIONS ELEVATOR "LLC".

Ref. Number: L11000038825

We have received your document for CONNECTIONS ELEVATOR "LLC". and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Letter Number: 611A00016487

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

•	Or	'''	JUL 25 AM 10: 05
Connection (Name of the Limited (A	S Elevator Liability Company as it now appear Florida Limited Liability Company)	LLC TALLA	ETARY OF STATE HASSEE, FLORIDA
The Articles of Organization for this Limited Li		-31-2011	and assigned
Florida document number <u>LLII 0000</u> 3	20025		
This amendment is submitted to amend the follo	_		
A. If amending name, enter the new name of	the limited liability company her		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	Γ ADDRESS)		
		·	Account to the second s
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	TODD SCH	tWART2	
New Registered Office Address:	12270 SW 3	3 5+, Su ater Florida street ad	ute 200
	Plantation	, Florida	33325 Zip Code
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = N MGRM =	Manager = Managing Member	, ,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u> </u>			D Domestia
			— n
			AddRemove
			=
D. If amo	ending any other information, ente	r change(s) here: (Attach additional shee	ets, if necessary.)
-			FILI 11 JUL 26 SECRETARY TALLAHASSE
Dated	7/18	2011	ILED 26 AN IO: 05 RY OF STATE SSHE, FLORIDA
	Signature of a	member or authorized representative of a me WAR TZ Typed or printed name of signee	mber

Page 2 of 2

Filing Fee: \$25.00