

Division of Corporations

Page 1 of 1

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000139026 3)))



H110001390263ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
 Doing so will generate another cover sheet.

To:

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

**L. SELLERS**

MAY 25, 2011

From:

Account Name : THE LAW OFFICES OF NICK SPADLIN  
 Account Number : I20070000020  
 Phone : (813) 435-3176  
 Fax Number : (813) 333-6358

**EXAMINER**

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

Email Address: RACHAEL.WINSLOW@Yahoo.com

RECEIVED  
 11 MAY 24 AM 7:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CONNECT <- PROGRESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$25.00

FILED  
 11 MAY 24 AM 9:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H110001390263

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CONNECT -><- PROGRESS 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 04/25/2011 and assigned  
Florida document number L11000048645.

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 office's address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13911 WEST HILLSBOROUGH AVE

SUITE 112

TAMPA, FLORIDA 33635

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13911 WEST HILLSBOROUGH AVE

SUITE 112

TAMPA, FLORIDA 33635

**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

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

H110001390263

**FILED**  
 11 MAY 24 AM 9:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H110001390263

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	RACHAEL WINSLOW	13911 WEST HILLSBOROUGH AVE SUITE 112 TAMPA, FLORIDA 33635	<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
			<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

5/24, 2011

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

H110001390263