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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: ANY	3 CONNECT LL C Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	DAVID RAMSAY Name of Person	
	Name of Person	
	ANIBCONNECT LLC	
	AN3CONNECT LLC Firm/Company	
	5201 BLUE LAGOON DRIVE 8th FLOOR Address	
	MIAMI FLORIDA 33126 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
PHILLIP S	SHADEED at (407) 3/7 - 5666 Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & y

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

AKII	CLES OF ORGAN	ILLATION	<i>2</i>	明清
	OF		AUG RETA	Chinasa Chinasa Chinasa
			12 SSE	17
ANY3 CON	NECT L	LC	7 P	
(Name a plake Y imite	d Liability Comments on it no	w appears on our records.)		
•	A Florida Limited Liability Co	nnpany)		•
The Articles of Organization for this Limited Lie	ability Company were file	d on Oct 19, 7	20 Zand assigned	i
lorida document number 🖳 🛴 2 00 C	133534	/		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability com	<u>pany here</u> :		
he new name must be distinguishable and contain the we	ords "Limited Liability Compa	ny " the designation "LLC" or	r the abbreviation "L.L.C."	
he new hante must be distinguishable and contain the wo	ords Emmod Emointy Compa	ny, are designation and of		
Enter new principal offices address, if applica	able:			
Principal office address MUST BE A STREET				
Fractificationice distincts MOST BE A STREET	[ADDRESS]		· · · · · · · · · · · · · · · · · · ·	
Zutan nam mailing address if applicables				
Enter new mailing address, if applicable:			·	
<u>Mailing address MAY BE A POST OFFICE l</u>	<u>BOX)</u>			
3.) If amending the registered agent and/	or registered office add	lress on our records,	enter the name of th	ie new
registered agent and/or the new registered of		,		
	D.,	SUATE		
Name of New Registered Agent:	HILLIP	SHADEED		
	1701 1110	SHINGTON ST	APT GOI	•
New Registered Office Address:		Enter Florida street address	1111/001	—
	,	LINE I WINN SHEEL CAME CSS		
			22~1	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
) vector	David Ramsay	1701 Washingt	0 St, ART 601
	1	Hollywood, Fl	33020 Remove
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		-	Add
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		e-service and the service and	☐ Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)	
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<u>Note:</u> I docume	e date, if other than the date of filing:	his date will not be lis	ted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 poth day after the record is filed.	La.m. on the earl	ier of:
Dated	August 3, 2015.		
	Signature of a member or authorized representative of a member	AUG RETA	-4
	DAVID RAMSAY	G 12 TARY ASSE	
	Typed or printed hame of signee	OF S	
	Page 3 of 3	IZ: 1 STATE LORID	

Filing Fee: \$25.00