13000008529

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(Ad	dress)	
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J. SAULSBERRY EXAMINER

OCT 4 2013

COVER LETTER

TO: Registration Section '
Division of Corporations

The Connector World LLC

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:

Alvaro Vargas

Name of Person

The Connector World LLC

Firm/Company

1861 NW South River Dr Apt 2206

Address

Miami, FI 33125

City/State and Zip Code

onasiz@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Vargas

_{4/}954、203-9002

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

	Connector		
(<u>Name of the Limited L</u> (A F	iability Compa Torida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L13000008529	bility Company 	were filed on 01/16/2013 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company here:	
Garn	nent Genies	LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Alvaro Vargas	
(Principal office address MUST BE A STREET ADDRESS)		1861 NW South River Dr Apt 2206	
		Miami, Fl 33125	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1861 NW South River Dr Apt 2206 Miami, FI 33125	
registered agent and/or the new registered off	_	ffice address on our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address: 1861		IW South River Dr Apt 2206	
		Enter Florida street address	
	Miami	, Florida 33125	
	.	City Zip Code	
New Registered Agent's Signature, if changing Re	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member heing added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alvaro Vargas	1861 NW South River Dr Apt 220	6 🗸 Add
	Mh	Miami, FI 33125	Remove
		95% Shares	
MGR	Jose Carlos Azua	2492 SW 10 Street	Add
		Miami, FI 33135	Remove
	Λ_{α}	5% Shares	
			Add
		-1 	Remove 3
		· .	TAdd T
			Remove
			Add
			Remove
			Add
		·	Remove
			•

If amending any other information	1, enter change(s) here: (Attach additional sheets, if necessary.)
	,
September 25	, <u>2013</u> /
Signati	ure of a member or authorized representative of a member
	Alvaro Vargas
	Typed or printed name of signee

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Filing Fee: \$25.00

2013 SEP 30 AM 9: 07