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TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Konnexton Mul	E Service Center, LL
The enclosed Articles of Amendment and fee(s) are submitted for tiling	
Please return all correspondence concerning this matter to the following	;
Berndelle Plane of 1	2. Demosthere
Konnex Firm/Con	npany
1919 NE 1	68 St
W.M.B.F.	33/62.
1 .	ltiCenter@amail.com
For further information concerning this matter, please call:	
Bernedelle Demothene at 17 Name of Person Area	SY, 226-9387 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigcup \sum \\$55.00 F\\ Certificate of Status Certifier\((\text{additiona}\))	ling Fee & S60.00 Filing Fee, Copy Certificate of Status & Copy is enclosed) 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

- Konnextron Levi	5 Service Center, UC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13DOOD (3643</u>	were filed on 01-28-13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabi	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	North Briani Beach, FL 33162.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1919 NE 1685+ North Miani Beach, FC 33162.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code MY
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with antimos provided for in Chapter 605, F.S. Or, if this document is
If Char	iging 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 = AMBR =	Manager - Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			D Add	
			□ Remove	
			□ Change	
			□ Add	
			☐ Remove	
			□ Change	
			Add	
			Remove	
			Change	
	- <u></u>			
			☐ Change	
			Remove	
			Change	
			□ Remove	
			Change	

D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)	
	₩	SEC
	AZ .	RETAR ALASS
	PM 5:	Y OF ST
	<u>~</u>	ATE
E. Effective date, if other than the date of filing:	to date of filing or more than 90 days after filing.) Pursuant to 605 03	707 (3)(5)
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ible statutory filing requirements, this date will not be listed	as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier	of:
Dated October 5 2013	distribution of a member	
Bernadelle C	Demo Strene.	
Poug	2 62	

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Filing Fee: \$25.00