## 114000116617

(Requ	estor's Name)	
(Addre	ess)	· · · ·
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

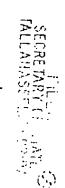
Office Use Only



100306906621

12/28/17--01027--012 \*\*25.00

17 DEC 26 (311): 09



## **COVER LETTER**

Division of Corporations
SUBJECT: Konnexhon, 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:
Bernadette C. Demosthere
honnexton, LLC Firm/Company
1919 NE 168 Street
City/State and Zip Code  Compact on the Damail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernackette C. Demostrene at (305) 409-5272  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\ \begin{align*} \be

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
Taltahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi	ility Company as It now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000116617</u>	Company were filed on 7-24-14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	imited Liability Company," the designation "L.C." or the abbreviation "L.C."   C.
	gistered office address on our records, enter the name of the new ddress here:  Enter Florida street address
	, Florida
	·

## 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.

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 = Manager AMBR = Authorized Member **Type of Action** Address Title Name<sub></sub> MGB Modelin Menard \_\_\_\_\_ Remove □ Add ı □ Remove ☐ Change ☐ Remove \_\_\_\_\_ Add ☐ Remove \_\_\_\_ Change □ Add □ Remove

\_\_\_\_\_ Change

<del>-</del>					
				<del></del>	
			, <u>, , , , , , , , , , , , , , , , , , </u>		
		<u></u>			
					<b>—</b> ₹
					<u>8</u>
		,			<u> </u>
			<del></del>		
				,	
Effective date, if other to fan effective date is listed, the Note: If the date inserted document's effective date	e date must be specific and co in this block does not me	annot be prior to date o et the applicable sta	of filing or more than '	(optional) 0 days after filing.) Prements, this date will	rsuant to 605.020 I not be listed a
e record specifies a The 90th day after	delayed effective da the record is filed.	te, but not an e	ffective time, a	t 12:01 a.m. on	the earlier (
Dated December	20 18 ···	2017			
	) > 5	ember or authorized re			

Page 3 of 3

Filing Fee: \$25.00