L14000140218

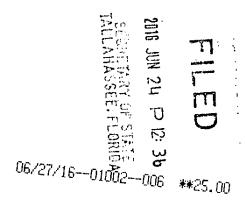
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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to I	Filing Officer:		
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* Call when Readly *



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SOFFICE WARRANTS

JUN 27 2016 J. BRUCE

Andre Jord	Requester's Name Original Pol Address	<u> </u>
City/State	e/Zip Phone	<u>\$</u> -5232
		Office Use Only
	& DOCUMENT NUMBER(S), (if known	(Document#)
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COVER LETTER

Division of Cor			
	CONNECTION GLOBAL LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN HOLDER		
		Name of Person	
	EXECUTIVE MANAGEM	IENT & CONSULTANTS INT LL	c
		Firm/Company	****
	100 E LINTON BLVD ST	E 301B	
		Address	5,6 2
	DELRAY BEACH FL 334	45	TATLAHASSE
		City/State and Zip Code	13% 2
	JOHNPHOLDER 1@GMAI E-mail address: (1)	L.COM to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	·	FLORIS 3
JOHN HOLDER		321 5084005 at ()	Fr. o
Name o	f Person		: Telephone Number
Enclosed is a check for t	he 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

WEALTH CONNECTION GLOBAL 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 $\frac{07/07/2015}{1}$ and assigned Florida document number L14000140218 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Original 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

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANIYA CANTY	100 E LINTON BLVD	
		DELRAY BEACH FL 33483	□ Remove
		***************************************	☐ Change
AMBR	JACQUELINE BRAMLETT	100 E LINTON BLVD	
		DELRAY BEACH FL 33483	□ Remove
		PAGE 187.	☐ Change
AMBR	DEXTER SCOTT	100 E LINTON BLVD	
	·	DELRAY BEACH FL 33483	□ Remove
			☐ Change
			DAdd DRemove SSECTION Change PAdd And DAdd
		****	Add Particular Remove
			☐ Change
			□ Remove
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Filing Fee: \$25.00