

H15000101481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

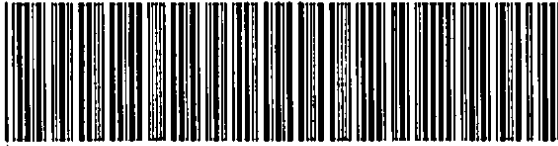
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 26 AM 11:03

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JUL 31 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koneksyon Klasik Ent. 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:

Marie Taina Dominique
Name of Person

Koneksyon Klasik Ent., LLC
Firm/Company

5578 Metrowest Blvd ste 308
Address

Orlando, FL 32811
City/State and Zip Code

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

For further information concerning this matter, please call:

Marie Taina Dominique at (954) 439-5365
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

Koneksyon Klasik Ent., 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 06-10-2015 and assigned Florida document number 215000191481.

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)

NA
NA
NA
NA
NA
NA
TALLAHASSEE, FLORIDA
2017 JUL 26 AM 11:00
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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:

Marie Taina Domingue

New Registered Office Address:

5578 Metrowest Blvd ste 308

Enter Florida street address

Orlando

City

Florida

32811

Zip Code

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.

M. Domingue

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGR	Sem B Chery	1673 S. Kirkman Rd #428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		5578 Metrowest Blvd #308	<input type="checkbox"/> Change
AMBR	Marie Taina Dominique Orlando, FL 32811		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		5578 Metrowest Blvd #308	<input checked="" type="checkbox"/> Change
AMBR	Tamara N Boguivy	Orlando, FL 32811	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 TALLAHASSEE

d. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

e. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
a) The date specified in the record.
b) The 90th day after the record is filed.

Dated 7/19/17

M. Dominique

Signature of a member or authorized representative of a member

MARIE TAINA DOMINIQUE

Typed or printed name of signee

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2017 JUL 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA