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## **COVER LETTER**

то:	Registration Se Division of Cor						
erro rez	Meaningfu'	Hy Connected LLC					
SUBJEC	("T:	Name of Um	nted I rability Company				
The encl	losed Articles of	Amendment and feets) are sub	mined for filing.				
Please re	eturn all correspo	indence concerning this matter	to the following:				
		Thomas M. Allen					
			Name of Person				
		Meaningfully Connected I	LC				
			Lum Company				
		415 Lithia Pinecrest Road					
		Address  Brandon, Florida 33511					
		toni@meaningfullyconnect	City State and Zip Code tont@meaningfullyconnected.net				
			to be used for future annual report not	dications			
For furtl	ner information c	oncerning this matter, please c	all:				
Thomas	M. Allen		813 952-3165				
	Name o	(Person	at ()	ne Lelephone Number			
Enclosed	d is a check for the	ne 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 radditional copy is enclosed;			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	cu)			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Cliiton Building
2661 Executive Center Circle
Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meaningfully Connected LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	my as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited I. Florida document number 1.15000179646		were filed on October 22, 20	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liah	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	hty Company, the designation 1	I C" or the abbreviation T. I. C."
Enter new principal offices address, if applicable:		415 Lithia Pineerest Road	
(Principal office address MUST BE A STREE	(T ADDRESS)	Brandon, Florida 33511	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	* *		rds, enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	415 Lithia Pinc	crest Road	
		Enter Elorida street add	bess
	Brandon		Florida 33511
		Chy	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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Karen J. Allen	415 Lithia Pinecrest Road	_
		Brandon, Florida 33511	Remove
			☐ Change
MGR	Thomas M. Allen	415 Lithia Pinecrest Road	□ .Ndd
		Brandon, Florida 33511	
			🖺 Change
		±	Remove
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Effective date, if other than	the date of films	(optional)
If an effective date is listed, the date.  Note: If the date in order to determine	must be specific and cannot be prior to date of filing or more than? is block does not meet the applicable statutory filing require	0 days after filing ) Pursuant to 605 020 ments, this date will not be listed a
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