(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900282434929

02/23/16--01011--001 \*\*30.00

FEB 23 FM 5: 03

2016 FEB 22 AM 9: 54

FEB 2 4 2016

S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Division of C				
	e Group LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub pondence concerning this matter	-		
	Cole D Stanley			
		Name of Person		
	The Rable Group LLC			TESS 5
		Firm/Company		超高
		震 23		
		Address	,	
	Kissimmee, FL 34741			10 St. 0
	cstan01@rablexworldwide.	City/State and Zip Code		SAM W
		to be used for future annual report	notification)	
For further information	concerning this matter, please ca	ali:		
Cole D Stanley		863 216-996. at ( )	3	
Name	e of Person		ytime 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)	Certified (	e of Status &
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Se Division of Co Clifton Buildir	orporations ng e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rable Group LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/09/2016	and assigned
Florida document number L16000027242		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Conessen Worldwide., LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		强高声
Enter new mailing address, if applicable:		3 6
(Mailing address MAY BE A POST OFFICE BOX)		- COL - 8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		一 巨野 カーュル
Name of Nam Designation of Asserts		B 23
name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		좀 용
ter new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  atter new mailing address, if applicable:  Italiang address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cole D Stanley	3050 Dyer Blvd	
		Ste 167	□ Remove
		Kissimmee, FL 34741	
		-	Add
		A	☐ Remove
		·	SECOND Change
		·	
			Remove
			□ Change
			D Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

To condu	ct any and all lawfu	ıl business pr	actices.							
<del></del>						<del>2,</del>			<del></del>	
		<u> </u>					<del></del>			
<del></del>		<del> </del>								
		_	-							
<del></del>				<del></del>		<del></del>				
								······································		
				<u> </u>						
-1										
			-					300	)>	
<del></del>									<u> </u>	
										٦,
								YSS PASS	2	
			<u> </u>					4		m
<del></del>									လ် 	
							,		<del>-</del>	
								in the same of	w	
ffective date,	if other than the	date of filin	ıg:				optional)	)		
t an effective date Note: If the dat	is listed, the date must e inserted in this bl	t be specific an ock does not:	d cannot be pri	or to date of t icable statu	iling or more tory filing r	than 90 day equirement	s after filing s, this date	,.)Pursuan will not	it to 605. be liste	.0207 :d as
document's effe	ctive date on the D	epartment of	State's record	ls.		·				
ne record spe The 90th da	ecifies a delayed ay after the rec	l effective ord is filed	date, but r	ot an effe	ective tim	e, at 12:	01 a.m.	on the	earlie	r of
February	, 19		2016			_				
Dated			>=	一·/		$\rightarrow$				
	/				4					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee