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ACCREANCE OF STATE

J. HARRIS

COVER LETTER

TO: .	Registration Sec Division of Corp			
CHID II	Connects Fl	orida LLC		
SUBJE	sci:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		William Li		
			Name of Person	
		Heekin Law PA		
		-	Firm/Company	
		4540 Southside Boulevard	Suite 202	
			Address	
		Jacksonville, FL 32216		
			City/State and Zip Code	
		william@heekinlaw.com		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	ncerning this matter, please ca	all:	
Willia	m Li		904 998-9733 x 12	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 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

CONNECTS FLORIDA LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on APRIL 12, 2016	and assigned				
Florida document number L16000072403						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	157 Hampton Point Drive Unit 2					
(Principal office address MUST BE A STREET ADDRESS)	Saint Augustine, FL 32092					
		<u> 可</u> 三下				
Enter new mailing address, if applicable:	157 Hampton Point Drive Unit 2	APR 16				
(Mailing address MAY BE A POST OFFICE BOX)	Saint Augustine, FL 32092	2.00				
		TS 3 (1)				
B. If amending the registered agent and/or registered of						
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>er</u> <u>e</u> :	iter the name of the n				
N. CN. D. L. LA.						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	Enter Florida street address					
	, Florid	aZip Code				
	City	Lip Com				

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
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	W. William Li,	an authorized r	-		d name of sign		· · · · · · · · · · · · · · · · · · ·		26	
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