LAZARUS

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Division of	Corporations
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Account Name	ŧ	LAZARUS CORPORATE	FILING	SERVICE,	INC.
Account Number	:	120000000019		-	
Phone	:	(305)552-5973			
Fax Number	;	(305)675-5944			

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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D. SCOTT DEC 1 9 2016

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12, 20,			S OF AMENDMENT H 1 6 0 9.	0303592
	4	ARTICLE	S OF AMIENDMENT	
	·		OFORGANIZATION	
			OF	
	CON	ECTING.WORKS, LLC		
		(A Florida	ir Company as if now appears on our records.) Limited Liebility Company)	
The	Articles of Orsa	nization for this Limited Liability C	company were filed on 10/17/2016	and assigned
		umber 115000191564		
1 1018	amenament 19 s	ubmitted to amend the following:		
A. I	amending na	me, enter the new name of the lim	ited Mability company here:	
The n	othe name mutch hit	Anthonistry where and provide the superior all in	ited Lizbility Company," the designation "LLC" or the	-humbring #I I C #
			ONE NE 2ND AVE., STE, 200	BUILEVIELLAI LILLE.
	-	al offices address, if applicable:		
<u>(Prh</u>	<u>icipal office ad</u>	dress MUST BE A STREET ADDI		
Unte	r new mailing	address, if applicable:	ONE NE 2ND AVE., STE. 200	
		AY BE A POST OFFICE BOX	MIAMI, FL 33132	· · · · · · · · · · · · · · · · · · ·
<u>8//1</u>	<u></u>			
		the registered agent and/or regis ad/or the new registered office add	stered office address on our records, entit	er the name of the po
<u>rere</u>	SECOLARENT AL	IDOI THE NEW TEXISLET OF OTHER AND	<u>1 (34 1) 19 0</u> .	
	Name of P	Tew Registered Agent:		-15 6
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New Registered Office Address:		stered Office Address:	Enter Florida street address	
			. Florida	5377 6
			City	Zip Code
New	Registered Age	nt's Signature, if changing Registers	ad Agenti	Dia D
I he	reby accept th	e appointment as registered agent	and agree to act in this capacity. I further	agree to comply with
ก่หลา	visions of all s	tatutes relative to the proper and a	complete performance of my duties, and I a	n familiar with and
acce	nt the obligat	ions of my position as registered a	gent as provided for in Chapter 605, F.S. ( ed office address, I hereby confirm that the	)r, if this document is
Dein Com	ig juea to meri Ipany kas beer	rly reflect a change in the register i notified in writing of this change	ea office anaress, x nereoy confirm that the	MUNCH HADNAY

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If Changing Registered Agent, Signature of New Registered Agent

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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

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MGR MANUEL P. SUAREZ ONB NE 2ND AVE.	~ )
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Page 2 of 3	
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F. Fife	ctive date. it	other than the date of :	filing:		(optional)	
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If the r (b) T	record spec he 90th day	lfies a delayed effecti y after the record is fi	ve date, but not led.	t an effective time, at 1	2:01 a.m. on the (	earlier of:
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		115/2016 Quero	intu	lan		FILEU
		Signature	e of a member or autho	rized for sentative of a membe	<b>A</b>	
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			Page	5. <b>5 of 3</b> .		
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