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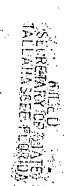


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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Connell Rail Consaltine 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:
David A. Connell Name of Person
Connell Rail Consulting Firm/Company
4012 Multisc Ct Address
Ponta Gorda Floriche 339505 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (400) 216 8254 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Connell Ra	il Consulting LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	vas it now appears on our records. billity Company)	
The Articles of Organization for this Limited Liability Company w		
Florida document number <u>L 16000223988</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
	d liability company here: d Liability Company," the designation "LLC" or the abbreviation "LLC" SSS) red office address on our records, enter the name of the new	
The new name must be distinguishable and contain the words "Limited Liability	ر Company," the designation "LLC" or the abbreviation "L.L.C." و الله الله الله الله الله الله الله ال	
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		
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	고 다	30
T-4	grèse :	
Enter new mailing address, if applicable:	e in the second	The second
(Mailing address MAY BE A POST OFFICE BOX)	~	, .
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Barbara F Connell	4012 Maltese Ct	Add
		4012 Maltese Ct Punta Gorda, Fl	Remove
		33950	Change
			Add
			Remove
			□ Change
			Add Ass
			Remove ₹
			□ Chenge
			OAG
			☐ Remove
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			Change
			Add
			Remove
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an effe	ve date, if other than the date of filing: (optional) ective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Jan 4 , 2017 Connect Markara - Connect Signature of a member or authorized representative of a member David A. Connell Barbara F Connect Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of CONNELL RAIL CONSULTING, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on December 12, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000223988.

Authentication Code: 161212155728-700293179417#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of December, 2016



Ken Deizier Secretary of State

Electronic Articles of Organization For Florida Limited Liability Company

L16000223988 FILED 8:00 AM December 12, 2016 Sec. Of State dlokeefe

Article I

The name of the Limited Liability Company is: CONNELL RAIL CONSULTING, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 4012 MALTESE CT. PUNTA GORDA, FL. US 33950

The mailing address of the Limited Liability Company is: 4012 MALTESE CT.

PUNTA GORDA, FL. US 33950

Article III

The name and Florida street address of the registered agent is:

DAVID A CONNELL 4012 MALTESE CT. PUNTA GORDA, FL. 33950

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAVID A. CONNELL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR DAVID A CONNELL

4012 MALTESE CT. PUNTA GORDA, FL. 33950 US

Title: AMBR
DAVID A CONNELL
4012 MALTESE CT.
PUNTA GORDA, FL. 33950 US

Title: AMBR BARBARA F CONNELL 4012 MALTESE CT. PUNTA GORDA, FL. 33950 US

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

ED 8:00 AM cember 12, 2016

