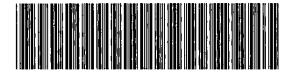
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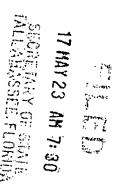
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# **COVER LETTER**

	egistration Secti ivision of Corpo							
CUDIECT	All Biz Conne	ecting Solutions LLC						
Name of Limited Liability Company								
The enclose	ed Articles of Ar	nendment and fee(s) are subn	nitted for filing.					
Please retur	rn all correspond	ence concerning this matter to	o the following:					
		Laura Vlad						
			Name of Person	<del></del>				
		All Biz Connecting Solution	ns LLC					
			Firm/Company					
		1800 SW 1	ST AVENUE STE	507				
		Mis	Address  AMÎ / FL / 33129  City/State and Zip Code	3				
		E-mail address: (to	be used for future annual report notific	ration)				
For further	information con	cerning this matter, please cal	11:					
	LAURA Name of P	VLAD	at ( <u>786</u> ) 218 2	2/55				
	Name of F	SI SOIL	Alea Code Dayline	relephone (vumber				
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)	☐ \$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

BIZ CONNECTING SOLUTIONS LLC

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 1700001437</u> .	were filed on $OI/O3/QOI7$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	To January 1997
	Enter Florida street address Florida

### 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 Ode

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** 475 BRICKELL AVENUE LAURA VLAD AMBR Apt. 812, HPAHP, FL 33131 \_□ Change \_ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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