11700000 9394

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| | | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| , | | , |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Eiling Officer | |
| apostal mediastions to | Timing Striber. | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000332897290

88/28/13- 01020--613 ★•55.0.

2019 AUG 23 PH 2: 30

SEP 0 3 2019 C KILL

COVER LETTER

| TO: | | | | | |
|-----------------|---|-----------|--------------------------------|---|--|
| cup ir | | | | | |
| SUBJE | уI: <u></u> | | Name of Lim | ited Liability Company | |
| CT21 | 1.4.5 | | 1 16 () | in the six | |
| | | | . , | - | |
| Please re | eturn all ec | orrespond | lence concerning this matter | to the following: | |
| | RECT: Name of Limited Liability Company Connellwood LLC Name of Limited Liability Company Concelosed Articles of Amendment and fee(s) are submitted for filing. Assertum all correspondence concerning this matter to the following: David Connell Name of Person Firm/Company 1065 Egret Lake Way Address Melbourne, FL 32940 City/State and Zip Code dwconnell@msn.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: vid Connell Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Cer | | | | |
| | Division of Corporations Connellwood LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: David Connell Name of Person Firm/Company 1065 Egret Lake Way Address Melbourne, FL 32940 City/State and Zip Code dwconnell@msn.com E-mail address: (to be used for future annual report notification) eter information concerning this matter, please call: connell Name of Person 321 Area Code Daytime Telephone Number Lis a check for the following amount: 00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | | | | Firm/Company | |
| | | | 1065 Egret Lake Way | | |
| | | | Melbourne, FL 32940 | Address City/State and Zip Code (to be used for future annual report notification) call: 321 242-8023 at (| |
| | | | dwconnell@msn.com | City/State and Zip Code | |
| | | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | er informa | ation con | cerning this matter, please ca | all: | |
| David C | Connell | | | at (| |
| | 1 | Name of P | erson | Area Code Daytim | æ Telephone Number |
| Enclosed | l is a checl | k for the | following amount: | | |
| □ \$ 25. | 00 Filing I | Fee | - | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

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

| Connellwood LLC | | |
|--|---|--------------------------------------|
| (Name of the Limited Liability C. (A Florida Lin | ompany as it now appears on our inited Liability Company) | records.) |
| he Articles of Organization for this Limited Liability Complorida document number L17000009394 | pany were filed on | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| e new name must be distinguishable and contain the words "Limited | Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | **** | |
| rincipal office address MUST BE A STREET ADDRES. | <u></u> | <u></u> |
| | ····· | >C 9 |
| | | |
| iter new mailing address, if applicable: | | Si Ci |
| failing address MAY BE A POST OFFICE BOX) | | - ი ლე <u>ლე</u> |
| | • | |
| | | 3C |
| . If amending the registered agent and/or registere gistered agent and/or the new registered office address | | ecords, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street d | address |
| | | Florida |
| | City | Zip Code |

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> | <u>Address</u> | Type of Action |
|--------------|---------------|--|----------------|
| AMBR | David Connell | 1065 Egret Lake Way, Melbourne FL 32940 | X Escald |
| | | | Remove |
| | | | hange |
| | | | ☐ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | □ Change |

| | | | | | |
|--|----------------------------|--------------------------|---------------------------------------|-------------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | · · | | | |
| | | | | | |
| • | | | | - <u>-</u> | |
| | | | | | |
| | | | | | |
| - <u></u> - | | ********** | | | |
| | | ,,, | , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | • | | | |
| ective date if other than t | he date of filing: | | | (ontional) | |
| ective date, if other than the effective date is listed, the date in | nust be specific and canno | t be prior to date of fi | ling or more than 90 | days after filing.) Pur | suant to 605.0207 |
| te: If the date inserted in this cument's effective date on the | | | ory filing requiren | nents, this date will | not be listed as |
| | • | | | | |
| record specifies a delay | ed effective date, | but not an effe | ctive time, at | 12:01 a.m. on t | he earlier of |
| he 90th day after the re | ecord is filed. | | | | |
| August 20th | 20. | 19 | | | |
| ted | 1/1 | ·· | | | |
| SIL Cu | /// | | | | |
| | V.* | r or authorized repre | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00