

L17000177762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

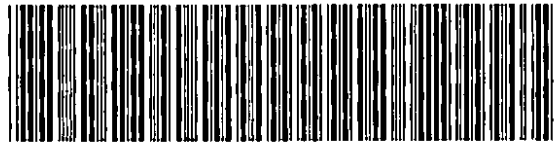
(Business Entity Name)

(Document Number)

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2020 NOV 10 PM 1:42

12/16/20
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Connected Films 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:

Torres Joseph William

Name of Person

Connected Films LLC

Firm/Company

1065 E. Rd 434 # 195551

Address

Winter Springs Florida 32708

City/State and Zip Code

Connectedfilms2017@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Torres Joseph William

407

995-4332

at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Connected Films LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/21/2017 and assigned
Florida document number L17000177762.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13237 Heather Moss Drive

Orlando Florida 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Po Box #195551 Winter Springs Florida 32719

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Type of Action</u>
MGR	Torres Joseph William	1065 E. RD 434 # 195551 Winter Springs FL 32709	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilfredo Torres Jr	Po Box 2295 Apopka Florida 32704	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael D. Torres	978 Pal Springs Drive Altamonte Springs Fl 32701	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRET

E. Effective date, if other than the date of filing: November/09/2020 (optional)

(If an effective 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 605.0207 (3)(b),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November /09 2020

Signature of a member or authorized representative of a member

Wilfredo Torres Jr.

Typed or printed name of signee

Filing Fee: \$25.00

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000177762

Entity Name: CONNECTED FILMS LLC

Current Principal Place of Business:

1333 LAKE ASHER CIR
APOPKA, FL 32703

Current Mailing Address:

1333 LAKE ASHER CIR
APOPKA, FL 32703 US

FEI Number: 82-2542730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, WILFREDO JR.
1333 LAKE ASHER CIR
APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: WILFREDO TORRES JR

Electronic Signature of Registered Agent

2020 MAR 19 10 PM 1:12
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03/19/2020
Date

Authorized Person(s) Detail :

Title MGR
Name TORRES, WILFREDO JR.
Address 1333 LAKE ASHER CIR
City-State-Zip: APOPKA FL 32703

Title AMBR
Name TORRES, WILFREDO JR.
Address 1333 LAKE ASHER CIR
City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILFREDO TORRES JR

MGR

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Florida

DRIVER LICENSE



T620-499-86-297-0

CLASS E

TORRES
JOSEPH WILLIAM
13237 HEATHER MOSS DR APT 1011
ORLANDO, FL 32837-6541

DOB 08/17/1986 SEX M
EXP 08/17/2024 HGT 5' 11"
EYES NONE HAIR NONE

VETERAN

EXP 12/21/2015

ID# G74200140000

REPLACED: 08/14/2020

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.



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Florida

DRIVER LICENSE



T620-880-62-441-0

CLASS E



TORRES,
WILFREDO, JR
#1333 LAKE ASHER CIR
APOPKA, FL 32703

DOB 12/01/1962 SEX M
EXP 12/01/2027 HGT 5'-02"
EYES NONE HAIR A

EXPIRES 11/28/2018

ID# 000000000000000000

REPLACED 03/17/2020

Operator of a motor vehicle constitutes consent to any sobriety test required by law.

Wilfredo Torres



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