

L17000200371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

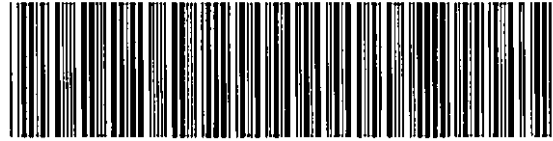
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 20 PM 12:39
TALLAHASSEE, FL
111
STATE OF FLORIDA
SECRETARY OF STATE

J. LEGGETT
FEB 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2018

TANYA DAVINO
116 LIVE OAKS BLVD
CASSELBERRY, FL 32707 US

SUBJECT: CITY CONNECT SOLUTIONS IN TECHNOLOGY LLC
Ref. Number: L17000200371

We have received your document for CITY CONNECT SOLUTIONS IN TECHNOLOGY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00001510

*original check
for*

RECEIVED
FEB 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City Connect Solutions In Technology, 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:

Tanya Davino
Name of Person

City Connect Solutions In Technology
Firm/Company

116 Live Oaks Blvd
Address

Casselberry, FL 32707
City/State and Zip Code

Office@cityconnectusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Davino at (321) 295-7474
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

City Connect Solutions In Technology, 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 09/27/2017 and assigned Florida document number L17000200371.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
	<u>Morton, Tara N</u>	<u>1395 Brickell Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 900</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33131</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Machado Santos, Carlos A</u>	<u>116 Live Oaks Blvd</u>	<input type="checkbox"/> Add
		<u>Casselberry, FL 32707</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

18 FEB 20 PM 12:40

FILED

E. Effective date, if other than the date of filing: _____ (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 February 06, 2018.

Signature of a member or authorized representative of a member

Carlos Machado Santos

Typed or printed name of signee

COVER LETTER

**TO: Registration Section
Division of Corporations**

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City Zip Code

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Lined area for amending information.

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