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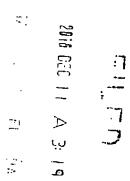
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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Cor				
LN Conne	ct, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Larry Freire			
		Name of Person		
	LN Connect, LLC		#2	~3
	1357 SW 3 Street, Apt 3	Firm/Company	-	2018 020
	Miami, FL 33135	Address		ا = 'ا ر ⇔
	larryfreire@yahoo.com	City/State and Zip Code	•.	<u>-</u> 0
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Larry Freire		305 316-5543		
Name o	t Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LN Connect, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>lears on our records.)</u> y)
The Articles of Organization for this Limited I lorida document number L18000056757	iability Company were filed on	02/28/2018 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
ne new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		= ; ,
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	΄, ψ
		<u> </u>
. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	~ :	on our records, enter the name of the
	1357 SW 3 Street, Apt 3	·
New Registered Office Address:		Florida street address
New Registered Office Address:	Miami	, Florida 33153
	Ciţy	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>Name</u>	<u>Address</u>	Type of Action
Larry Freire	1357 SW 3 Street, Apt 3, Miami, FL	
	33135	=
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		Nemove
		Change
Nurdes Gomez	22801 SW 214 Ave, Miami, FL	
nurder Domen	33170	
70000		
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	Larry Freire	Nurdes Gomez 22801 SW 214 Ave, Miami, FL

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ctive date, if other than the da	12/6/2018	lane	ional)		
effective date is listed, the date must b	e specific and cannot be prior to date	of filing or more than 90 days after	r tiling.)		
e: If the date inserted in this block iment's effective date on the Department		atutory filing requirements, th	is date v	vill not b	e listec
ecord specifies a delayed e	effective date, but not an	effective time, at 12:01	a.m. c	n the e	earlie
ne 90th day after the recor		,			
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December 6	2018				
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	Inalure of a member or authorized t	epresentative of a member			

Page 3 of 3

Filing Fee: \$25.00