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SECRETARY OF STATE
ALLANASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: SUBJECT	by/ Connection	ons Marketing	(Group	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jonathan	Gryllon		
	Global (un	Name of Person Nections Merketi Firm/Company	ny Group	
	10830 West	Samele 12d Apr	1 2704.	54
	Coral Sprin	751, FL 33069	- 	FI B DCT
	g.globallonn E-mail address:	City/State and Zip Code e(fion(gme;). (omits to be used for future annual report notif	ication)	IS M ARY OF S ASSEE, FL
For further information of	concerning this matter, please co	all:		PRI 3
Jonathan Name	Gryllun	at (SO) COO- Area Code Daytime	7022 -	···
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)	Certified Co	of Status &

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

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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing 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: D830 West Sample Registered agent and office address on our records, enter the name of the new registered agent and office address here: Name of New Registered Agent: D830 West Sample Registered address Florida Street address	^
The Articles of Organization for this Limited Liability Company were filed on OH -17-2018 and assigned Florida document number L 18 00 00 46646 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 "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing 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: D830 West Sample Red # 2204	(5 lobg) Connections Marketing Group
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 "LLC". Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing 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] [D830 West Sample Reference Referenc	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (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: OSSO West Sample Registered Agent Post Post	The Articles of Organization for this Limited Liability Company were filed on $\frac{04-17-2018}{18000096646}$ and assigned
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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: OS30 West Sample Re #2204	This amendment is submitted to amend the following:
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:	A. If amending name, enter the new name of the limited liability company here:
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: New Registered Office Address: Plorida Plorida Plorida Plorida Plorida	Enter new principal offices address, if applicable: 10830 West Sample Rd #2704
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Ne	Cox Same El 77N.5
New Registered Office Address: New Registered Office Address D830 West Sample Rt 2704	
Enter Florida street address Code City	Name of New Registered Agent:
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 appropriate the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with analytic copy the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documentiff, being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability of this document is the confirmance of the confirmation of the c	New Registered Office Address.
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to empty with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fame to with and the accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the documentist, being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lightles.	23062
provisions of all statutes relative to the proper and complete performance of my duties, and I am fam the will and complete performance of my duties, and I am fam the will and concept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the documentist, being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lightle.	New Registered Agent's Signature, if changing Registered Agent:
	provisions of all statutes relative to the proper and complete performance of my duties, and I am fame with and complete performance of my duties, and I am fame with and concept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the documential being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil.

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
AMBR	Antonio Rivera	10270 W Sample 12d #2204 Copyl Springs fl 33065	Add
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
		· .	SECOND 15
			FILE D AMASSEE, FIRE
			SEE GEREMOYE 37 Change
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Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	October, 8th 2018.
	Signature of a member or authorized representative of a member Aong thon Gryllow Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Longtha Grallow
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00