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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Correct Connect AV LCC 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:
Eric Hutwick Name of Person
Correct Connect AV Firm/Company
3617 Ogeltree Court
Cr(ando FL 328/2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fric Hutwick at (407) 736-0264  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

## 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

Correct Co	ONNECT 7	4	LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	s on our recor	<u>ds.</u> )		
The Articles of Organization for this Limited Liability C	Company were filed on,		_	nd ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company he	<u>:re</u> :			
	·			<del></del>	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC	C" or the abbreviat	ion "L.	L.C."
Enter new principal offices address, if applicable:		<del></del>	<u></u>	- C:	<del></del>
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>		p. 2	Ç.,.	<del></del>
			in the second	<u> </u>	
				9	7
Enter new mailing address, if applicable:				jja.	Fr.
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> _			ထ	- · ·
				<b>C</b> D	
B. If amending the registered agent and/or reginered agent and/or the new registered office add		our record	ls, <u>enter the 1</u>	name_	of the nev
Name of New Registered Agent:		<del>.</del>	<u>.                                    </u>		
New Registered Office Address:	Enter Flor	rida street addre	NN .		
		, F	lorida		
	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>	Address	Type of Action
<u>AMBR</u>	Eric Hutwick	3617 ogeltres Ct. Orlando, FL 32812	Add
		ON/aNDO, FL 32812	Remove
			D Change
			□ Remove
			Change
			Add
			Remove
			Change
			🗖 Add
			Remove
			□ Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change

•	any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
<u></u>		
		<del> </del>
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		<del></del>
		-
an effective da lote: If the d	e, if other than the date of filing:	fter filing.) Pursuant to 605.0207 (
	pecifies a delayed effective date, but not an effective time, at 12:01 day after the record is filed.	1 a.m. on the earlier of:
ated	<u>6/12/18</u>	
	Eric Intuite Signature of a member or authorized representative of a member	2018
		7 - C - C - T - C - C - C - C - C - C - C
	Enic Hutwick Typed or printed name of signee	<u> </u>
	Typed of princed name of signed	
	Page 3 of 3	

Filing Fee: \$25.00