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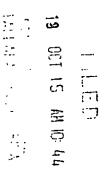
	(Requestor's Name)	
	(Address)	
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PICK-U	P WAIT	MAIL
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Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
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COVER LETTER

	CONNECT	AGRAM LLC		
SUBJECT:			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Amanda LeCheminant		
			Name of Person	
		Connectagram LLC		
			Firm/Company	
		433 Plaza Real, Suite 27	75	
			Address	
		Boca Raton, FL 33432		
		amanda@phuckitracing.c	City/State and Zip Code om	
		E-mail address: (to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	all:	
Amanda Le	Cheminant		561 715-2087 at()	
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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

CONNECTAGRAM LLC				
(<u>Name of the Limited Liab</u> (A Flori	ility Compa da Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability	Company	were filed on 6/11/2018		and assigned
Florida document number L18000143387	<u></u> .			
his amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	nited liab	ility company here:		či,
he new name must be distinguishable and contain the words "Li	mited Liabi	lity Company," the designation	n "LLC" or the a	bbreviation "L.I, C."
Enter new principal offices address, if applicable:		433 Plaza Real, Suite	275	ज हा
Principal office address MUST BE A STREET ADL	DRESS)	Boca Raton, FL 33432	}	王
				0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		433 Plaza Real, Suite	275	
		Boca Raton, FL 33432		
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad Name of New Registered Agent:			ecords, <u>enter</u>	the name of the
New Registered Office Address: 433	Plaza Rea	al. Suite 275		
The Registered Office Address.		Enter Florida street	address	
Воса	a Raton		Florida <u>³³</u>	3432
		City	, 1 101 101	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 = MS $AMBR = AC$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Change
			Remove
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Tective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department.	does not meet th	e applicable statu	filing or more than 90 d story filing requireme	_ (optional) ays after filing.) Pents, this date wi	ursuant to 605.020 Il not be listed a
record specifies a delayed e The 90th day after the record	ffective date, d is filed.	but not an eff	ective time, at 1	2:01 a.m. or	the earlier o
oted October 1	201	8			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00