

118000 172130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

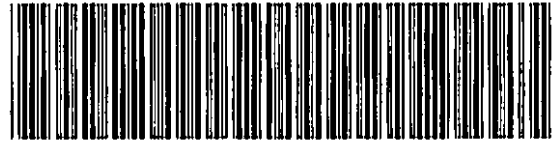
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TOLSON, ILL.

A. BUTLER

NOV - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONECONNECTIONIT, 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:

SEAN J. SEELY

Name of Person

LYNCHARD & SEELY, PLLC

Firm/Company

1901 ANDORRA STREET

Address

NAVARRE, FLORIDA 32566

City/State and Zip Code

ESERVICE@SEELY-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN J. SEELY

850

936-9385

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 AUG 19 AM 7:23

ONECONNECTIONIT, LLC

(Name of the Limited Liability Company as it now appears on our records), OF STATE
(A Florida Limited Liability Company) FLA. OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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:

LYNCHARD & SEELY, PLLC

New Registered Office Address:

1901 ANDORRA STREET

Enter Florida street address

NAVARRE

City

Florida 32566

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>
AMBR	CARLOS VIVES	1766 SEA LARK LANE, SUITE D	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLAUDIA BANT	1766 SEA LARK LANE, SUITE D	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DALAIA PLAZA	1766 SEA LARK LANE, SUITE D	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRES PLAZA	1766 SEA LARK LANE, SUITE D	<input type="checkbox"/> Add
		NAVARRE, FL 32566	<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

[illegible]

(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)

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 11 AUG, 2028.

Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

ANDRÉS PLAZA

Typed or printed name of signee

Filing Fee: \$25.00