L18000182345

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TO:

Registration Section Division of Corporations

Community SUBJECT:	Connectivity LLC		· .
	Name of Lim	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:	
	Andrea M White		
		Name of Person	
	Community Connectivity I	LLC	
		Firm/Company	
	3321-22nd Street		
		Address	
	Tampa, Florida 33605		
	·	City/State and Zip Code	
	awhite2@tampabay.rr.com		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please ca	ali:	
Andrea M White		813 918-0483 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	AMPANY As it now appears on our re	cords)
(A Florida Lin	ompany as it now appears on our re lited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp. Florida document number L18000182345	pany were filed on 7/30/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Community Connectivity Crossroads LLC		
he 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:	NA	
Principal office address MUST BE A STREET ADDRES	<u> </u>	20
		· 27 J
Enter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our records, en	ా or nter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	City	Zip Code

ter registered Agent's organizate, it 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add Remove
			□ Remove
			Change
		<u> </u>	~ 6 ☐Add
			□Remove
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			□Change
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			□Remove
			□ Change

NA	
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	a mion the earlier of: (b). The 90th day after
filed.	The second of th
1. 12.2021	
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Hidre in Water Signature of a member or authorized represent	ntative of a member

Filing Fee: \$25.00