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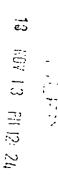
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
Revamp Kancopy and 1) C		
SUBJECT: 1 WM I V NO I V Name of Limited Liability Company	70	
		C C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	20101104-5	
Please return all correspondence concerning this matter to the following:	PH	
Branna Whitheach Name of Person	3: 20	
Prevamp Konnections, LLC		
10760 N. Preserve Way Apr 305	1	
MICINAL IF 33025  City/State and Zip Code  Prianal Whitchead (Comail Com  E-mail address: (to be used for future annual report solitication)		
For further information concerning this matter, please call:		
BI (III) at (784) (17.2068  Name of Person at (784) (17.2068  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee \& \Bigsquare \\$55.00 Filing Fee \& \Bigsquare \\$55.00 Filing Fee \& \Bigsquare \\$60.00 Filing Fee \\$60.00 Fi	tus &	
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEVAND KONNEC	ri()) 3. LL() ed Liability Compa :A Florida Limited I	ny as it now appears of Liability Company)	on our records.	
The Articles of Organization for this Limited Li Florida document number \( \bigcup \frac{1800019}{}	ability Company	were filed on <u>f</u>	Just 17,	<u>Z())</u> S <sub>and</sub> assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	(3) (1)
N/A				
The new name must be distinguishable and comain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or th	ne abbreviation L.L.C."
Enter new principal offices address, if application	ıble:	10750	N DIES	serve lifacy
(Principal office address MUST BE A STREE	T.ADDRESS)	Miramar	, FI 3	3025
Enter new mailing address, if applicable:		$-\frac{npr-r}{r}$	<u> 305                                    </u>	
(Mailing address MAY BE A POST OFFICE )	BOX)			
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		<u>e:</u> ma lalhit La Prese:	ur records, en  Cheacl  Ve Micoral  street address	(Principal)
	MICAMO	Y Cuy	Florida	33025. 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>Address</u> Type of Action **Name** Briging Whitebeck 10750 N. Preserve Way Frado ADF 305, MINGINGI, F1 3308 - Remove □ Change □.Add ☐ Change 🛛 Add ☐ Remove \_□ Change □ Add ☐ Change □ Add ☐ Remove \_□ Change

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Filing Fee: \$25.00