

118000 235072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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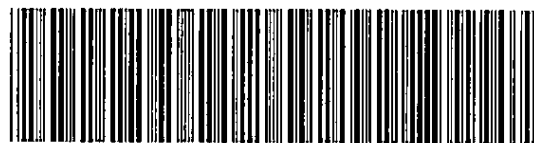
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Core Connection Services and Consulting
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:

Pamela Brown
Name of Person

A Core Connection Services and Consulting, LLC
Firm/Company

378 CenterPointe Cr. #1252
Address

Altamonte Springs, FL 32701
City/State and Zip Code

Info@acoreconnection.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Greene at 407 639-4047
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A Core Connection Services and Consulting, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/4/2018 and assigned Florida document number L18000235072.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

378 CenterPointe Cir
Suite 1252
Altamonte Springs, FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

378 CenterPointe Cir
Suite 1252
Altamonte Springs, FL 32701

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:

Pamela Brown

New Registered Office Address:

378 CenterPointe Cir. Suite 1252
Enter Florida street address
Altamonte Springs, Florida 32701
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.

Pamela Brown

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	Greene, Kelly	378 CenterPointe Cr.	<input type="checkbox"/> Add
		Suite 1272 #10	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input type="checkbox"/> Change
AMBR	Cardoza, Jessica	378 CenterPointe Cr.	<input type="checkbox"/> Add
		Suite 1272 #10	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input type="checkbox"/> Change
AMBR	Brown, Pamela	378 CenterPointe Cir.	<input checked="" type="checkbox"/> Add
		Suite 1252	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32701	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 10 . 2019

Pamela Brown

Signature of a member or authorized representative of a member

Pamela Brown

Typed or printed name of signee