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COVER LETTER

Tallahassee, FL 32314

TO:

	tration Sec on of Corp			
		CTIONS LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The englosed A	articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspoi	ndence concerning this matter	to the following:	
		LESLEY A. RHYNE, ESQ). 	
			Name of Person	
		CUNNINGHAM MILLER	RHYNE PA	
			Firm/Company	
		10075 OVERSEAS HWY		
			Address	
		MARATHON, FL 33050		
			City/State and Zip Code	
		LRHYNE@FLORIDAKEY		
		E-mail address: (to be used for future annual report notif	fication)
For further info	ormation co	oncerning this matter, please ca	all:	
LESLEY A. R	HYNE		305 743-9428	
	Name of	Person	Area Code Daytime	c Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fil	ing 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)
	ng Address		Street Address:	
	stration S	Section orporations	Registration Sec Division of Cor	
	Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and the contract of the contra

FC CONNECTIONS LLC

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11/04/2019

(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 Li	iability Company were filed on	and assigned
Florida document numberL18000259892	,	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
		
B. If amending the registered agent and/or r agent and/or the new registered office addres		ls, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		Florida
	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.

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 = Mar			
Title	horized Member <u>Name</u>	Address 21 JUL 20 PM 3: 48	Type of Action
AMBR	CARL LINDBACK III	2410 FRANCISCAN DR #48	⊒ Add
		CLEARWATER, FL 33763	□Remove
			Change
			🗆 Add
			□Remove
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			☐ Remove

mending any other information, enter change(s) he	21 JUL 20 PH 3: 48
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ctive date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 605.0.
e: If the date inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's record	S.
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
inco.	
d JULY / /6 2021	
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Circums of a contract of a con	horized representative of a member

Typed or printed name of signee