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COVER LETTER

TO: Registration Division of C			
subject: K	athy Lu Conne	cts ILC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kath	Name of Person	ardo_
	Korthy Lu	Connects Firm Company	LLC
	9511 For	Hainebleau T	31vd#317
	Miani, T	City State and Zip Code	
	Katryli E-mail address: (a connects @ am	nail-com
For further information	n concerning this matter, please c	all:	
	c. Pardo e of Person	at (<u>786</u>) <u>532-</u> Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	II INC ADDRESS:	STREET/COURT	ED AMMPESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	connec				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears o liability Company)	n our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L1800029</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a sub	oility Company 1515 ring: he limited liab	were filed on 12	26/2018	Sanda JUL 16 MH & C	
The new name must be distinguishable and contain the wor	ds "Limited Liabil				
Enter new principal offices address, if applicab	ole:	9511 FC	ntainek	, leau t	31 <u>vd</u> -#3
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		33172		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	9511 For Miani, F	Haineblec 1 33172	ew Blv	<u>d#3</u>
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>ente</u> :	r the name	of the new
Name of New Registered Agent:	Kathi	ia crist	ina Par	90	
New Registered Office Address:	9511 F	Ontaine blo Ener Florida	eau BlVd:	#317	
	<u> Higui</u>	City	, Florida _	3317Z 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>	Name	<u>Address</u>	Type of Action
<u>uanager</u>	Hector Gutierrez	1000 i Carribbean Blud	
		Cutter BAY Fl. 33189	Remove
			Change
President	Kathia C. Pardo	9511 Fortaine bleau F	#317
		HIGHI, 7-1.33172	Remove
			Change
			🖸 Add
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			Change
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			Remove
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Filing Fee: \$25.00