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COVER LETTER

TO: Registration : Division of Co			
	ty Connection Florida, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and feets) are sub-	Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Diana Finales Suarez. Name of Person Community Connection Florida, LLC Firm/Company 13155 SW 134th St Suite 121 Address Miami, FL 33186 City/State and Zip Code info@communityconnectionflorida.com E-mail address: (to be used for future annual report notification) incerning this matter, please call: Person at (
		•	
	Diana Finales Suarez		
		Name of Person	
	Community Connection Fl	lorida, LLC	
		Firm/Company	<u> </u>
	13155 SW 134th St Suite	121	
	-	Address	
	Miami, FL 33186		
		City/State and Zip Code	
	·		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Diana Finales Suarez		305 6138827	
Name	of Person	Area Code Daytin	ne 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 Addra Registration		<u>Street Address:</u> Registration Se	ction
	Corporations	Division of Cor	
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

2021 DEC 27 PH 12: 49

Community Connection Florida, 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 Compan	y were filed on 0772.772	2019 and assigned
Florida document number 1.19000190633		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Lumited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.4
Enter non-mailing address 20 cm P = 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		
agent and/or the new registered office address here:		
Name of New Registered Agent:		ds, <u>enter the name of the new register</u>
Name of New Registered Agent:	address on our recor	ds, enter the name of the new registere
	Enter Florida si	ds, <u>enter the name of the new register</u>

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>	Address	Type of Action
MGR	Ydaris Rivera Alvarez		□Add
		17650 SW 107TH AVE APT 202 MIAMI, FL 33157	
			□Change
			🗆 Add
			□Remove
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			□Add
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record d is file	d specifies ed.	a delayed	effective	e date, but	not an e	ffective	time, at	12:01 a.	m, on	the earli	er of: (b)	The 90)th day aft	er the
11	December :		<u>.</u>		20	121	<i>/</i>			\bigwedge				
Dated _	_								_	\mathcal{U}				
Dated _				Signature c	of a memb	er or auth	orized re	présenta	سر العن	a membe	-			

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