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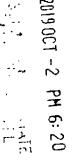


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### **COVER LETTER**

TO:	Registration Section Division of Corporations !
SUBJ	ECT: Women as Connection 2020 LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lisa Kotasek Name of Person
	Firm/Company
	7760 Monarda Dr.
	Sarasota, FL 34238  City/State and Zip Code  // Sakotasek@gmai/. Com  E-mail address: (to be used for future annual report instriction)
For fu	ther information concerning this matter, please call:
	Name of Person
Enclos	ed is a check for the following amount:
<b>⊠</b> \$2	5.00 Filing Fee Scrifficate of Status Solutional copy is enclosed)    \$30.00 Filing Fee Scrifficate of Status Solution   \$55.00 Filing Fee Scriffied Copy (additional copy is enclosed)   \$60.00 Filing Fee Scrifficate of Status Scriffied 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

Name of the Limited Liability	Connection 202.D LLC Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number $\frac{L 19006206/5}{}$	mpany were filed on $\frac{9-13-19}{}$ and assigned
Florida document municipal 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· O
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
	nnection 2020 LLC d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The field many must be distinguishable and contain the words "Elimited	
Enter new principal offices address, if applicable:	201
(Principal office address MUST BE A STREET ADDRES	SS) 20 00 00 00 00 00 00 00 00 00 00 00 00
	1 1111
	-P
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new
agent and the new registered write address	siere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature if changing Decisional A	

#### 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		-	□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
	<del></del>		Add
			□ Remove

\_\_ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: I	e date, if other than the date of filing:
f the reco b) The S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	28 September 2019.
	Signature of a member or authorized representative of a member
	Lisa Kotasek Typed or printed name of signee

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Filing Fee: \$25.00