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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name) ∵	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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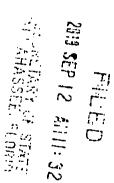
Office Use Only

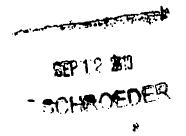
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Detail Connect LLC 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:
DAMASO HERNANDEZ Name of Person
The Defail Connect CC
30569 trophy trail
Bry ceuille EL 32009 City/State and Zip Code 34X4 on duty & Ginail, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAMASO Hernandez at (S04) 428-3436 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

The Detail Con	Nect	LCC	1
(A Florida Limited)	Liability Company	')	·'
The Articles of Organization for this Limited Liability Compan	a document number		
The Articles of Organization for this Limited Liability Company were filed on			
A. If amending name, enter the new name of the limited lia	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," th	e designation "LLC"	or the abbreviation "EL.C."
			20% C4
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			### 32
•			
registered agent and/or the new registered office address he		on our records.	, enter the name of the ne
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enter I	Torida street address	;
	City	, Flo	orida
New Registered Agent's Signature, if changing Registered Agen	•		·
I herchy accept the appointment as registered agent and ag	gree to act in th	is capacity. I fur	ther agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 adde *.or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAMASO HERNANDEZ	30569 throphy trail Brycewik FL, 32009	Add
		Brycevik FL, 3200)	□ Remove
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ote: 1	re date, if ot ctive date is list f the date inse nt's effective	erted in this	block does	not mee	t the appl	icable sta	of filing or n tutory tilir	nore than 9	(optio) days after nents, this	onal) filing.) Pursua date will no	ant to 60 or be lis	- 05.02 sted (
	ord specifie 90th day a				e, but r	not an e	ffective	time, at	12:01 a	.m. on th	e earl	ier (
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Filing Fee: \$25.00