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(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

TO: Rep Div	gistration Sec vision of Corp	tion sometions orations	1	£ ~ ·	
	↓ LCONNECT	ENTERPRISES LLC	.		
SUBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		DEMON MORGAN			
			Name of Person	<u>.</u>	
		I CONNECT FNTERPRIS	SES LLC		
Firm/Company					
	6751 N FEDERAL HWY, SUITE 100				
Address					
BOCA RATON, FLORIDA 33487					
			City/State and Zip Code		
		DAMON@JETAWAYCHA	ARTERS.COM		
		E-mail address: (t	to be used for future annual re	port notification)	
For further i	nformation co	ncerning this matter, please ca	ıll:		
DEMON M	IORGAN			7008	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the	following amount:			
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificat sedi Certified	e of Status &

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

I CONNECT ENTERPRISES LLC					
(Name of the Limited (A	Liability Company Florida Limited Lial	as it now appears on our ollity Company)	record <u>s.</u>)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/22/2019}{\text{Florida document number}}$			and assigned		
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation	"LLC" or the abbi	reviation "L.L.C	···
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	r registered offic	re address on our re	L	AH 8: 38	the new
registered agent and/or the new registered office	<u>ce address here</u> :				
Name of New Registered Agent: New Registered Office Address:	6751	NORTH FER	= 2 <i>4-</i>)	Hun	
New Registered Office Address.	Box R	Enter Florida street	address Florida	13487	50 HC 10
		City	101144	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:

J. 9

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name 1	Address	Type of Action
MGR	Chayse Wachtel	8493 Via Serena Boca Raton FL, 33433	_ y⊄ Add
		Boca Katon FL, 33433	□ Remove
			Change
			Add
		*******	Remove
			Change
			Add
			□ Remove
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			_□ Change

	
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	September 9th 2019
	\sim
	Signature of a member or authorized representance of a member

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Filing Fee: \$25.00