To



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To:

Division of Corporations

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From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•	2013 NOV 12	D 1: 18
NORTH	CONNECT LLC	5873 MOA 1 7	, , , ,
		rs an our records)	· · ·
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	TALL AHAGOLE	Allina
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{10}{2}$	/08/2019	and assigned
Florida document number 1.19000243212			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, ent	er the name of the
egistered agent ancour the new registered white modition			
Name of New Registered Agent:			
New Registered Office Address:			
Capacita State Sta	Enter Flor	ida street address	
		, Florida	
	City		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>	<u>Name</u> PATEL, VINNY	Address 2335 NW 107 AVE STE 2M-C26	Type of Action
AMBR			
		MIAMI, FL 33172	■ Remove
			Change
MGR	THE VP MIAMI LLC	150 SE 2ND AVE SUITE 404	
		MIAMI, FL 33131	■ Add
			C Remove
			□ Change
			Add
			□ Remove
			C Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			🗆 Remove
			☐ Change
			U Add
			□ Remove
			🗀 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Fffeetl	ve date if other than the date of fillno
<u>Note:</u> docum	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
Dated_	11/12/ 2019
	Vinot.
	Signature of a member or authorized representative of a member
	VINNY PATEL

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