

# L19000243212

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

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.\*\***

Email Address:

arod8723@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH CONNECT LLC

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH CONNECT 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 Company were filed on 10/08/2019 and assigned Florida document number L19000243212.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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**

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE VP MIAMI LLC	150 SE 2ND AVE SUITE 404	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Stephanie Arbelaez	150 SE 2ND AVE SUITE 404	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated 02/18/2020

JINNY PATEL

Typed or printed name of signee