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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Fmail	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CONERAC LLC**

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MAY 0 6 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 HAY -5 Pii 2: 20

Conerac LLC				
(Name of the Limited	Liability Company as in Florida Limited Liability	t now appears on our re y Company)	cords.)	
The Articles of Organization for this Limited Liab Florida document number L20000059885	pility Company were	filed on <u>02/24/202</u>	0	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability o	company here:		
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	mpany," the designation	"LLC" or the abl	previation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office ice address here:	address on our rec	cords, enter	the name of the new
Name of New Registered Agent:	Northwest Re	gistered Agent	LLC	
New Registered Office Address:	7901 4th St N	STE 300 Enter Florida street o	nddress	
	St. Petersbur		Florida <u>33</u>	3702
		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 = N $AMBR = A$	Authorized Member	269	н. ј. Лин
<u>Title</u>	Name	Address	OMAType of Action 19
AMBR	Eric Adler	2880W OAKLAND PARK BLVD, SUITE 225	C
		OAKLAND PARK, FL 33311	□ Remove
			☑ Change
			
			Remove
			Change
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			□ Change
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			Change
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			Remove
			☐ Change

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ctive date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Po	irsuant to 605.
If the date inserted in this block does not meet the appliment's effective date on the Department of State's record	cable statutory timing requirements, this date wit	Il not be liste
mich selective take on the Department of State Crosses		
ecord specifies a delayed effective date, but r ne 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on	the earlie
May 5 2020	<u>) </u>	
^^ ^	horized representative of a member	

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