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C. GOLDEN AUG 2 3 2020

COVER LETTER

TO: Registration Section

Division of Cor	porations			
	ONNECT LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ERIC VANLEWIS			
		Name of Person		
	SETNA CONNECT LLC			
		Fimt/Company		
	3803 ESTEPONA			
		Address		
	DORAL, FL 33178			
		City/State and Zip Code		
	ERIC@SETNACONNECT			
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
ERIC VAN LEWIS		305 726-6452		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. ...

2020 11 11 21 2:03 SETNA 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 and assigned L20000114001 Florida document number 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

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.

City

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>	Type of Action
MGRM	FABIAN SANTIAGO	8297 S CORAL CIRCLE	⊒Add
		NORTH LAUDERDALE, FL 33068	■Remove
			□Change
AMBR	JESUS FERNANDEZ	15800 NW MIAMI AVE	■Add
		MITAMIT, FL 33169	□Remove
			□Change
			□ Remove
			Change
			□Remove
			□Clunge
			⊡Add
			□Remove
			□Change
			□Remove
			□Change

Effective date, if other than the date of filing: On effective date, if other than the date of filing: On effective date is listed, the date must be specific and cannot be proviously filing or more than 90 days offer filing.) Pursuant to 605 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as I focument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. On the filing of the province of a member of authorized representative of a member.			
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