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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEGG CO	ame of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
<u> </u>	Name of Person
	eacl connect LLC
82=	7 SE 12-14 St Address
<u> 1 H</u>	ialeah FL 33010 City/Seite and Zip Code
E-mh	il address: (to be used for future annual report notification)
For further information concerning this matte	rr, please call:
Name of Person	at (305) 900 - 2196 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	t:
(VS25 00 Filling Fee	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

믕

(Name of the Limited 1	Liability Compan	y as it now appears on (ability Company)	our records.)	و الله-6	
The Articles of Organization for this Limited Liabi		were filed on \bigcirc	5/19/20	20 and assigned):
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
NONE The new name must be distinguishable and contain the word					
The new name must be distinguishable and contain the word	s "Limited Liabiti	ty Company," the designt	ition "LLC" or the ab	obreviation "L.L.C.	
Enter new principal offices address, if applicabl	le:	NOUS			
(Principal office address MUST BE A STREET)	(ADDRESS)		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	_NORL			
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our record	ls, <u>enter the nan</u>	<u>ie of the new re</u>	gistered
Name of New Registered Agent:	NOU				
New Registered Office Address:		Enter Florida st	reet 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>	Name	Address	Type of Action
tesident	young Gomes	827 SE 12th St Hialeah, FL 33010	□Add
		Hicheah, FL 33010	[PRemove
			□ Change
manaser	yaina Gomez	827 SE 12th St Hialeah, FL 33010	OFAdd
		Hialeah, FL 33010	<u>)</u> □Remove
			□Change
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	am doing an amendment only
For	register Jasent, yaima Gomez
From	1 President to manager
·	
	
effective date is li e: If the date in	other than the date of filing: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day aft
b. J. J. J.	1,200 . 2020.
	Signature of a member or authorized representative of a member
	YCIMA GOMEZ Typed or printed name of signee