LZ0000 195960

(Requestor's Name)	
(Address)	_
(Address)	
, ,	
(City/State/Zip/Phone #)	
(Oktyrotate/Ziprefione #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
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COVER LETTER

10: Registration Se Division of Cor			
DEX PROP	ERTY MANAGEMENT & O	NLINE MEDIA SOLUTIONS ELO	C •
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew Gonzalez		
		Name of Person	
•	 	Firm/Company	
	9514 Baytree Ct		
	<u> </u>	Address	
	T Pl 22/15		
	Tampa, FL 33615		
	agonz486@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
·			
Nilda Torres		at (at (
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he fallowing emount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= 323.00 raning ree	Certificate of Status	Certified Copy	Certificate of Status &
•		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Liability Company as it now appears on our records.) Florida Limited Liability Company)	. ,
The Articles of Organization for this Limited Liabi Florida document number L20000195960	ility Company were filed on July 09,2020	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u> DEX CONNECT LLC	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
Enter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi		name of the new regi
		`
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florid	
	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>	Address	Type of Action
AMBR	Nilda Torres	3005 Suncoast Blend Dr Odessa, FL 33556	□Add
			Remove
			□Change
			🗆 Add
•			□Remove
			□ Change
			🗆 Add
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ote: If the date inserted in this	he date of filing:	cable statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	suant to 605.020 not be listed a
record specifies a delayed effect Lis filed.	tive date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
June 9th	2021			
June 9th ated	2021	<u> </u>		
	2021	 97	0	
	2021 Cindrew Signature of a member or auth	 Jong	leas	