

15/9/2020

Division of Corporations

H20000320475.3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ISAMAR TORRES  
Account Number : 120200000137  
Phone : (786)660-0108  
Fax Number : (305)503-7123

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

Email Address: onestopsolutionsfl@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONECTA CAPITAL GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H20000320475 3

**COVER LETTER**

TO: Registration Section  
Division of Corporations

H20000320475 3

SUBJECT: CONECTA CAPITAL GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRYAN R. GAGO VALVERDE

\_\_\_\_\_  
Name of Person

*Bryan Gago*  
\_\_\_\_\_  
Firm/Company

2900 Ne 168 Street Apt 03

\_\_\_\_\_  
Address

North Miami Beach, Florida 33162

\_\_\_\_\_  
City/State and Zip Code

conectcapitalgroupllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan R. Gago Valverde

954

6680622

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

H20000320475 3

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

H20000320475 3

CONECTA CAPITAL GROUP 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 08/18/2020 and assigned  
Florida document number L20000253910.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2090 Ne 168 Street Apt 03

North Miami Beach, Florida 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2090 Ne 168 Street Apt 03

North Miami Beach, Florida 33162

**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:

BRYAN R. GAGO VALVERDE

New Registered Office Address:

2090 Ne 168 Street Apt 03

*Enter Florida street address*

North Miami Beach

*City*

Florida 33162

*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.*

Bryan Gago  
If Changing Registered Agent, Signature of New Registered Agent

H20000320475 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H20000320475 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYAN R. GAGO VALVERDE	2090 Ne 168 Street Apt 03	<input type="checkbox"/> Add
		North Miami Beach, Florida, 33162	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000320475 3

H20000320475 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 711, the effective date of this rule will not be listed as of

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed

Dated September 15, 2020

Bryan Gago  
Signature of a member or authorized representative of a member

BRYAN R. GAGO VALVERDE

Typed or printed name of signee

H20000320475 3

**Filing Fee: \$25.00**