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## COVER LETTER

TO: Registration Se Division of Cor			
THE All	iAnce Con	nEction LLC	
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JANICE	L. Williams Name of Person	
TH		Connection L	
		rimicompany	
	15545 Co	Address	r Dr.
		Address	
	Winauma	FL. 33598	
		City/State and Zip Code	
	JWILL64.	FL. 33598 City/State and Zip Code 5806 mail. Co	19
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Janice L.	Williams	at (8/3) 966 - Area Code Daytime	6982
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
✓ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	> —
Registration S Division of C		Registration Sec Division of Cor	•••
P.O. Box 632	•	The Centre of T	• —
Tallahassee, F	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE Alliance Con	nnection	LLC		
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number  210000 9	ability Company	were filed on 12	30-2020	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	In rice L 15545 Con Winnauma		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	( <u>OX)</u>	SAME AS	ABORE	
B. If amending the registered agent and/or reagent and/or the new registered office address	~	address on our record	ls, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:	Janie	EE L. W.	Mans	
New Registered Office Address:	1554	5 CORONA Enter Florida str		L Dr.
	Winn	UMA City	, Florida	35 GS Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	·	I API	.7
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this contents.	r and complete ered agent as p egistered office	performance of my d provided for in Chapt	uties, and I am fam er 605, F.S. ØÞ, if t	iliar-with and his document is

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

Title	Name	Address	Type of Action
MGR	Janiet L. Williams	15545 CORONA DEL MAR	DR WAdd
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fective date, if other than the date of filing:	7,2021 (op	otional)	
n effective date is listed, the date must be specific and cannot be prior to date o ote: If the date inserted in this block does not meet the applicable stat	f filing or more than 90 days af	fter filing.) Pursuant to 605 this date will not be list	5.02: hed :
cument's effective date on the Department of State's records.	atory ming requirements		7
		2021	
ecord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of:	(h) The 90th day after	er th
is filed.	2.01 a.m. on the carner of.	28	,,
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red April 19 2021		$\geq$	
ted / / / / / AUN)	^	A II: 24	
a Tail - Orland	Sr.	, 24	
Signature of a member or authorized rep	oresentative of a member		
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