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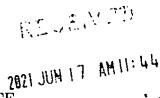
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2021

KENNETH H. KEEFE, ESQ 6800 GULFPORT BOULEVARD SOUTH SUITE 201-306 SOUTH PASADENA, FL 33707

SUBJECT: CONNKALEX, LLC Ref. Number: L21000021013

We have received your document for CONNKALEX, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 321A00010542 ▶

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Division of C			
SUBJEC	CON	NKALEX, LLC		
	·•· ———	Name of Lin	nited Liability Company	
			•	
		Kenneth H. Keefe, Esq.		
			Name of Person	
		The Keefe Law Firm, P	According this matter, please call: Same of Finny Company Same of Finny Company	
Division of Corporations SUBJECT: CONNKALEX, 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: Kenneth H. Keefe, Esq. Name of Person The Keefe Law Firm, P.A. FinwCompany 6800 GULFPORT BOULEVARD SOUTH, Ste 201-306 Address SOUTH PASADENA, FL 33707 City/state and Zip Code ken@keefelawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth H. Keefe Name of Person Area Code Daytime Telephone Number Finclosed is a check for the following amount: \$\mathbb{X} \times 25 \times 00 \times \times 1 \times 20				
		6800 GULFPORT BOU	LEVARD SOUTH, Ste 201-306	
			Address	
		SOUTH PASADENA. I	÷L 33707	
			City/State and Zip Code	
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For furth	er information	concerning this matter, please e	all:	921
Kennetl	h H. Keefe		at / 727 218-9086	N N N
	Name	of Person	Area Code Daytime	Telephone Number
				D III
Enclosed	l is a check for	the following amount:		1: 2
(U. 825) K HK	00 Filing Fee	_	Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy
	Mailing Addr Registration Division of		Street Address: Registration Sec Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONNKALEX, LLC

(Name of the Limited I	inhility Company as it non appears a	n aug manada V	
(X)	Jability Company as it now appears of Florida Limited Liability Company)	ii our records.	
The Articles of Organization for this Limited Liabi	lity Company were filed on Janu	ary 7, 2021	and assigned
Horida document number <u>L21000021013</u>	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and contain the word:	s "Limited Liability Company," the desig	gnation "LLC" or the abb	reviation "L. L. C. "
Inter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	(DDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>		
		, -	
 If amending the registered agent and/or registered and/or the new registered office address h 	stered office address on our reco	ords, <u>enter the name</u>	of the new regis
igent sharor the new registered office address n	<u>ere</u> :	•	= =
Name of New Registered Agent:			7
New Registered Office Address:			
	Enter Florida	street address	2
_	City	Florida	Zip Code
	Cito		

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 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
AMBR	Mitchell Freifeld	100 Hampton Road. Unit 68 Clearwater, FL 33759	⊠Add
			EIRemove
			l ☐ Change
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