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	(Requestor's Name)	
	(Address)	<del></del>
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;	(City/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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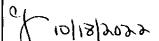


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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Connections HG LLC				
	· <del>-</del> ·			
			<del></del>	
			18	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			<del></del>	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<u> </u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
			<u> </u>	Fictitious Search
Signature	<del></del>	<del></del>		Fictitious Owner Search
			<del></del>	Vehicle Search
				Driving Record
Requested by: SETH	10/07			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

# 

TO: Registration S Division of Co			
CONNECT	TONS HG , LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		, , .	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paula Alejandra Ho	oyos Guerrero	
		Name of Person	
	Connections HG, LL	-C	
		Firm/Company	
	790 E Broward BLV	808	
		Address	
	Fort Lauderdale Fl	33301	
	ph2015g@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please co	alt:	
		at () Area Code Daytir	ne Telephone Number
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

DocuSign Envelope ID: 4839AD74-832B-49A0-A263-C31F69299E4C

## AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 000 17 777 9: 14 Connections HG, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/16/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

### 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

DocuSign Envelope ID: 4839AD74-832B-49A0-A263-C31F69299E4C 11 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	Daniel Esteban Molina	790 E Broward Blvd 808 Fort Lauderdale FL 33301	
			Remove
			Change
			□Add
			🗆 Remove
		<del>-</del>	□Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Changa.

## Page 2 of 3

Owner - Paula Alejandr	a Hoyos Guerrero - 99% Owner
Co-Owner - Daniel Este	ban Molina - 1% Owner
	<del> </del>
	10/17/2022
	te of filing:
ecord specifies a delayed eff ne 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlier ( is filed.
October 17	2022
Oocu\$igned by:	<del></del> .
SCHOOL SCHOOL SCHOOL STATES	nature of a member or authorized representative of a member
Sien	valure of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00