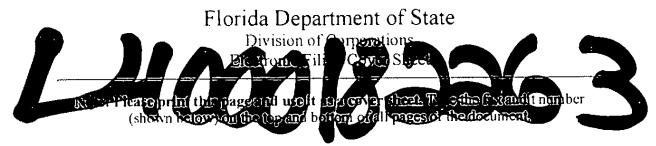
To: 18506176383 From: 19165767036 Date: 05/03/21 Time: 1:33/PM Page:

Division of Corporations

5/3/2021



(((H21000178243 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 : (916)576-7000

Phone : (800)603-5868 Fax Number

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

RLOPS@PARASEC.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC CONNECTIONS CONSULTING LLC

Certificate of Status	0
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Help

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF &

343	STRATEGIC CONNECTIONS CONSULTING LLC					
	(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our rec ability Company)	cords.)		
The Arti	icles of Organization for this Limited Liab	ility Company v	vere filed on <u>04/20/2021</u>	and assigned		
Florida	document number 1.21000182263	·				
This am	endment is submitted to amend the follow	ing:				
A. If a	mending name, enter the new name of the	ne limited liabi	lity company here:			
The new	name must be distinguishable and contain the wor	ds "Limited Liabili	ay Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter r	new principal offices address, if applicat	ole:	981 Highway 98 East, Suite #	141		
(Princi)	nal office address MUST RE A STREET	ADDRESS)	Destin, FL 32541			
Enter	new mailing address, if applicable:		981 Highway 98 East, Suite 5	±141		
(Mailing address MAY BE A POST OFFICE BOX)		<u>OX)</u>		<u></u>		
			Destin, FL 32541			
B. If registe	amending the registered agent and/o red agent and/or the new registered offi	r registered of ce address her	ffice address on our rec <u>e</u> :	cords, enter the name of the ne		
	Name of New Registered Agent:					
	New Registered Office Address:	981 Highway 98	East, Syite #141 Enter Florida street o	uldress The The		
		Destin	Сиу	Florida 28541 Tip Code		
New R	egistered Agent's Signature, if changing Re	egistered 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

Title	Name	Address	Type of Action
AMBR	Mary Leonardi	981 Highway 98 East, Suite #141	□ Add
			□ Remove
		Destin, FL 32541	№ Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (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) 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. mber or authorized representative of a member Mary Leonardi Typed or printed name of signee

Date: 05/03/21 Time: 1:33 PM Page: 05/05

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