

To: 18506176383 From: 19165767036 Date: 05/03/21 Time: 1:33 PM Page: 02/05

5/3/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

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

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DIVISION OF CORPORATIONS

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TL 5/4/21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STRATEGIC CONNECTIONS CONSULTING 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 04/20/2021 and assigned
Florida document number 121000182263.

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:

981 Highway 98 East, Suite #141

(Principal office address MUST BE A STREET ADDRESS)

Destin, FL 32541

Enter new mailing address, if applicable:

981 Highway 98 East, Suite #141

(Mailing address MAY BE A POST OFFICE BOX)

Destin, FL 32541

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:

981 Highway 98 East, Suite #141

Enter Florida street address

Destin

City

Florida 32541

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mary Leonardi	981 Highway 98 East, Suite #141	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Destin, FL 32541	<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

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

E. 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)

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 4/29 . 2021 .

Mary Leonardi
Signature of a member or authorized representative of a member

Mary Leonardi

Typed or printed name of signer