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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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JUL 27 2021

July 14, 2021

WILLIAM J PRUE 2773 MORVEN PARK WAY THE VILLAGES, FL 32162

SUBJECT: BADGERCONNECT LLC

Ref. Number: L21000254365

We have received your document for BADGERCONNECT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II Letter Number: 821A00016198



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 14, 2021

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Deborah Bruce Corporate Records Supervisor II

Letter Number: 821A00016198

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations			
	BADGERC	ONNECT LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		William J Prue			
			Name of Person		_
		BADGERCONNECT			
			Firm/Company		-
		2773 Morven Park Way			
			Address	***	20
		The Villages, FL 32162			2021 JUL -6 PH 3: 03
			City/State and Zip Code		- 3- '
		bprue@comcast.net			- 10
			to be used for future annual report r	notification)	ု <u>= = </u>
For further in	formation co	oncerning this matter, please c	all:		,
William J Pro	ic		810 423-2809 at ()		
	Name of	Person	Area Code Day	time Telephone Number	r
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ne of Status &
Reg Divi P.O.	ing Address istration S ision of Co Box 6327 ahassee, F	ection orporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon	Section forporations	110

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BADGERCONNECT LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company v		and assign		
Florida document number L21000254365				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he abbrevi	ation "L.L	.C."
Enter new principal offices address, if applicable:			201	
Principal office address MUST BE A STREET ADDRESS)				175
		<u> </u>	;== 	
			on.	*7
nter new mailing address, if applicable:		٠.	1	; - -
Mailing address MAY BE A POST OFFICE BOX)		· · ·	<u>;;</u>	
			ن	
Name Of New Registered Agent:	idress on our records, <u>enter the</u> i	name of	the new	regist
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City , Florida		ip 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>	Address	Type of Action
MBR	William J Prue	2773 Morven Park Way, The Villages, FL 32162	= Add
			□ Remove
			□Change
			
			□Remove
			□Change
			Add Remove
			-6
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			□Remove
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	eifies a delayed (effective date, b	out not an	effective t	ime, at 12:	01 a.m. on	the earlier	of: (b)	The 90th	h day afte	er the
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