# 121000365418

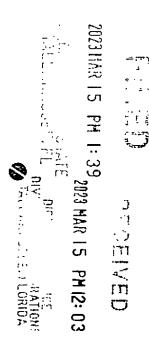
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

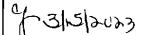
Office Use Only



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# **COVER LETTER**

ΓΟ: Registration Secti Division of Corpo			
SUBJECT: 1	AM THAT I AM Name of Limit	CONNECTEDNESS  led Liability Company	LLC
Γhe enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	<u> </u>	a Cuomo Name of Person	
		Firm/Company	
	614 Bobcat	Ly	
	Kissimmee	FL 347-59 City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notifica	ition)
For further information cond	erning this matter, please cal	II:	
Marialuisa C	uom o	at (253) 985 - 1 Area Code Daytime T	467 elephone Number
Enclosed is a check for the f	ollowing amount:		
☐ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



I AM THAT I AM CON	HECTEDNESS	LLC 2023 HAR 15 PM 1:39
(Name of the Limited Liability Comp: (A Florida Limited	iny as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on Aug 11	
Florida document number <u>L 21000 3 6 54 18</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SHIGETA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	<del></del>	
er		
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	uldross
	Marie 1 invited meter	
	City	, Florida Zip Code
Name Danietarna August's Signatura, if changing Pagistarad Agent		

#### 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Cluange
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

# Page 2 of 3

•	•
;	
;	
Note:	ive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Mar 16, 2023
	Mar 16, 2023  Maralusa Ceone Signature of a member or authorized representative of a member
	Marialuisa Cuomo Typed or printed name of signee

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Filing Fee: \$25.00