W22000066745

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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← - COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	LLCONNECT 365 LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	hmitted for filing	
	espondence concerning this matter	C	
	Shereka L. Williams		
		Name of Person	
	-	Firm/Company	
	12016 SW 269 Terr		
		Address	
	Homestead, FI 33032		
	willconnect365@gmail.con	City/State and Zip Code	
	E-mail address: ((to be used for future annual report no	tification)
For further information	on concerning this matter, please o	all:	
Shereka Williams		786 271-2743	
Nan	e of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check fe	or the following 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection
Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLCONNECT 365 LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	Nose SSE
The Articles of Organization for this Limited Liability Co Florida document number L22000066745	ompany were filed on Feburary 8, 2022	And asssigned 1: 26
This amendment is submitted to amend the following:		3°**
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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 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>	Type of Action
CEO/P Shereka Williams	Shereka Williams	12016 SW 269 Теп.	
		Homestead, Fl 33032	□Remove
VP Bridgit Cloey	Bridgit Cloey	10920 240 Lane	
		Hoemstaed FL 33032	□Remove
			□Change
MGR	Shayla Wiggins	2765 W. Tharpe Street, UNIT 205	≅Add
		Tallahassee FL 32303	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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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 (If an effective date is instead, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (State 1) and the last instead 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. The 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 cord is filed. Signature of a whenever or authorized representative of a member Shereka L. Williams	. ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
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Filing Fee: \$25.00