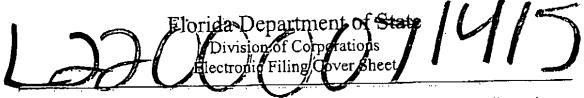
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Division of Corporations



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Fax Number : (850)617-6383

From:

26 ښ Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 : (561)842-3000 : (561)842-3626 Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECT DEVELOPERS LLC

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COVER LETTER

	gistration Sec vision of Corp			
0 × 1 × 1 × 0 × 0		DEVELOPERS LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Kristin Vara, Esq.		
			Name of Person	
		Ward Damon		
			Firm/Company	
		4420 Beacon Circle		
			Address	
		West Palm Beach, FL 3340	07	
			City/State and Zip Code	
		Kvara@warddamon.com		E colon)
			to be used for future annual report notif	ncation)
For further	information co	oncerning this matter, please co	all:	
Kristin Var	a, Esq.		561 842-3000 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Pee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, l	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONNECT DEVELOPERS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on our rec- lability Company)	ords.)
The Articles of Organization for this Limited Liability Company vi Florida document number L22000071415	were filed on <u>2/11/2022</u>	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	•	The side
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent;		2022 S. F.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties provided for in Chapter 60	, ana 1 am jamiliar with ana

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>	Name	Address	Type of Action
MGR	RAFFI CIVAN	450 N. Federal Hwy	
		Boynton Beach, Florida 33435	≅Remove
	÷		Change
MGR	RAFFI KHOROZIAN	450 N. Federal Hwy	\alpha dd
	Boynton Beach, Florida 33435	□Remove	
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
		□Remove	
			Change
			□Add
			□Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 4/11/2022 , 2022
Signature of a member or authorized representative of a member
Arman Torosian, Manager Typed or printed name of signee

Filing Fee: \$25.00