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(Red	juestor's Name)	
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COVER LETTER

TO: Registration S Division of Co					
	ection LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Vera Beaujardin				
		Name of Person			
		Firm/Company			
	3528 Everglades Blvd N				
		Address			
	Naples, FL 34120				
		City/State and Zip Code			
	Verakatia@gmail.com	to be used for future annual report no	((finalism)		
For further information of	concerning this matter, please c		arreaction)		
Vera Beaujardin		239 289-5339 at ()			
Name of Person			me Telephone Number		
Enclosed is a check for t	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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632	27	The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kerr Connection LLC			> . > . 	APR	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears of ability Company)	on our records.)	—————————————————————————————————————	28	
The Articles of Organization for this Limited Liability Company w	vere filed on 02/21	1/2022	and assign ORID/	ed A	Œ
Florida document number L22000083745)RIE	8: 32	
This amendment is submitted to amend the following:			4	10	
A. If amending name, enter the new name of the limited liability	ity company here	<u>ē</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	ignation "LLC" or the ab	breviation "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 adapted and/or the new registered office address here:	idress on our rec	ords, <u>enter the nam</u>	e of the new ro	<u>egiste</u> i	<u>red</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	a street address			
		, Florida	Zip Code		
Non-Boston de Anna Standard (F. S. C. B. Standard (F. S. S. C. B. Standard (F. S. S. S. Standard (F. S.	City		Zīp 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

Title	Name	Address	Type of Action
AMBR	Vera Beaujardin	3528 Everglades Blvd N	□Add
			□Remove
		-	=Change
AMBR	Alien Roy Muino	3528 Everglades Blvd N	□Add
			□Remove
			\ _Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□ Change

D. If amendir	ng any other informa	tion, enter cha	nge(s) here: (A	Attach additional	sheets, if necesse	ury.)	
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(If an effective <u>Note:</u> If the	late, if other than the e date is listed, the date mu- e date inserted in this bl s effective date on the D	st be specific and car ock does not mee	nnot be prior to da t the applicable	te of filing or more t statutory filing red	(optiona han 90 days after fili quirements, this da	ng.) Pursuant to 60	5.0207 (3)(b) ited as the
If the record spe record is filed.	ecifies a delayed effectiv	e date, but not an	effective time,	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day aft	er the
Dated	ch 9th		2022			7.	
							2022 AI
	Vera Beaujardin	Signature of a mer	nber or authorized	l representative of a	member	IAR Í ASSEI	FILE: 2022 APR 28 1
_	vera reaujardin	Ту	ped or printed na	me of signee		<u> </u>	E A

Filing Fee: \$25.00