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12/4/23, 3:34 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: arichards@shumaker.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONNECTED BUSINESS SYSTEMS LLC**

|                       |         |
|-----------------------|---------|
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| Page Count            | 03      |
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K. SALY

DEC - 5 2023

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

**FILED**  
2023 DEC -4 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONNECTED BUSINESS SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/26/2022 and assigned  
Florida document number L22000330384

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

333 N. Falkenburg Road

Unit D-404

Tampa, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 N. Falkenburg Road

Unit D-404

Tampa, FL 33619

**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:

Julio C. Esquivel, Esq., c/o Shumaker Loop & Kendrick, LLP

New Registered Office Address:

101 E. Kennedy Boulevard, Suite 2800

*Enter Florida street address*

Tampa

*City*

, Florida 33602

*Zip 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.*

/s/ Julio C. Esquivel

If Changing Registered Agent, Signature of New Registered Agent

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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>         | <u>Type of Action</u>                   |
|--------------|-----------------|------------------------|---|
| MGR          | Fernando Garcia | 333 N. Falkenburg Road | <input checked="" type="checkbox"/> Add |
|              |                 | Unit D-404             | <input type="checkbox"/> Remove         |
|              |                 | Tampa, FL 33619        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
|              |                 |                        | <input type="checkbox"/> Remove         |
|              |                 |                        | <input type="checkbox"/> Change         |
|              |                 |                        | <input type="checkbox"/> Add            |
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|              |                 |                        | <input type="checkbox"/> Change         |

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ALAN HASSER, FLORIDA

FILED

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