L22000 533802

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(1.1.), 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800416270298

10/16/23--01013--017 **50.00

DIVISION OF CORPORATION
7073 OCT 16 PH 2: 11

Y. SCOTT OCT 25 2023

	Registration Se Division of Cor						
cupuc		SULTING LLC					
SUBJEC	T:	Name of Lin	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		SAM BORUKHOV CPA					
			Name of Person				
			Firm/Company		2023 OCT 16		
		64-42 CROMWELL CRESCENT					
		Address					
		REGO PARK, NY 11374					
		-	City/State and Zip Code		erokario PM 2: I		
		SAM@BARUCHASSOCI	ATES.COM to be used for future annual report notif		PM 2: 11		
For furthe	er information c	oncerning this matter, please c		caciony			
	RUKHOV	,	646 247-1082				
Name of Person		f Person	at () Area Code Daytime	Telephone Number	-		
Enclosed	is a check for th	he following amount:					
□ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy tadditional copy is	tatus &		
Mailing Address: Registration Section		Section	Street Address: Registration Sec				
	Division of C P.O. Box 632	•	Division of Corp The Centre of T				

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIR CONSULTING LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on DECEMBER 21, 2022	and assigned
orida document number 1.22000533802		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
R365CONNECT LLC		
ne new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		01418 2023
		00 8100 8100
		7 16 CF C
nter new mailing address, if applicable:		25.55 5.55 F.E.
failing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		1 15
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, enter the nan	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Seth Farbman	354 Eastwood Road, Woodmere, NY 11598	= Add
			□Remove
			□Change
			□Add
			
			DIMEGRETARY DIMESION OF COMME
			LED ve construction of the
			□Add
			□Remove
			□Change
- 			□Add
			□Remove
			□Change
			□Add
		-	Remove
			□ Chapus

	<u> </u>								-
									-
									_
									•
					··· <u></u>				-
									-
	-								-
						-	_	Žn23 0	DIV.
					·			- 8	2/22 2/23 2/23
								65	LEC LEC
								PN 2:	F ST.
	_		-					20 N	7 <u>1</u> 6
								- 7	•
									_
									•
fective date	e, if other th	an the date	of filing:			ı	(optional)		
	ite is listed, the	date must be sp	ecific and can		late of filing or r	nore than 90 day	s after filing.)		
n effective da		n the Departi			e statutory inti	ig requirement	is, this date v	viii not be iist	icu as
n effective da o <mark>te:</mark> If the d	rective date o								
n effective da o <mark>te:</mark> If the d	rective date o								er tha
n effective da ote: If the d cument's ef ecord specif		effective date	e, but not an e	effective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day afte	.1 1110
in effective da ote: If the di cument's ef		effective date	e, but not an e	effective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day afte	
in effective da ote: If the discument's ef- record specifis filed.	īcs a delayed	effective date	e, but not an e	effective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day afte	a tire
n effective da ote: If the d cument's ef ecord specif is filed.	īcs a delayed		· _		, at 12:01 a.m.	on the earlier	of: (b) The	90th day afte	a the
in effective da ote: If the document's ef record specif is filed.	īcs a delayed	<u> </u>	·		, at 12:01 a.m.			90th day afte	a tire

Filing Fee: \$25.00