L23000223925

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	CONNECT NOV Name of Limite	N LLC ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Kristian	Snowden Name of Person	
	CONNE	ECTNOW LLC Firm/Company	
	382 NE	191 st St Address	
	^ l ~	lorida 33179 City/State and Zip Code	
	Kristicur E-mail address: (to	v. S @ connectrowage be used for future annual report notific	ency. Co
For further information con	cerning this matter, please call	i:	
Kristian Name of P	Snowden	at (<u>561</u>) <u>- 870 - U</u> Area Code Daytime 1	507 Telephone Number
Enclosed is a check for 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CONNECTN	IOW I	LLC	2023 OCT 26	PM 5: 37
(Name of the Limited Liabi) (A Florid	ity Company la Limited Lia	as it now appears on our re- ability Company)	cords.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L23000223925</u>	Company w 	vere filed on <u>05/05</u>	/2023	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liabili	ty company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability	_		ation "L.L.C."
Enter new principal offices address, if applicable: "Principal office address MUST BE A STREET ADD."	<u>RESS)</u>	382 NE 191 st Miami, Florid 33179-3899	i .	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		382 NE 1915 Miami, Florid 33179-3899		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		idress on our records, <u>er</u>	nter the name of	the new registered
Name of New Registered Agent: New Registered Office Address: 38	ristian 52 NE Miami	Snowden 191 St St Enter Florida street ac	, Florida <u>33</u>	179 Lip 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
MGR	Kiko Rodriquez	1427 Wallace Drive	□Add
	J	Delray Beach, Florida	⊠ Remove
		33444	⊠ Change
MGR	Kristian Snauden	382 NE 191st St	□ Add
		Micmi, Florida	□Remove
		33179	⊠ Change
			□ Add
			Remove
			Change
			□Add
			□Remove
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