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Division of Corporations

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From:

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Account Number : I20010000052 Phone

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Fax Number

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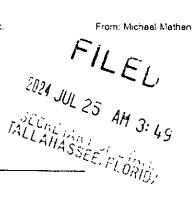
JUL 2 6 2024

COVER LETTER

	ision of Cor			
CUDIDATE.		NNECTION LLC		
SUBJECT:		Name of Lim	ted Liability Company	
7	المعاددة المادة	Amountmone and facts) are sub-	mitted for filling	
		Amendment and fec(s) are sub-		
Please return	all correspo	ndence concerning this matter	to the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	 -
		Austin, TX 78717		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		guatumelineth@gmail.com		
For further in	nformation c	n-man sources () oncerning this matter, please co	to be used for future armial report nob all	nication)
Mike Town			800 773-0888	
	Name o	f Person	at () Aren Code Divitin	ne Telephone Number
Enclosed is a	a check for t	he following amount:		
□ \$25,00 F	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 employed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Ban 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301		

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

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



CLICK CONNECTION LLC

(Vilgoria)	Litureo Linou	ny Company)		•
The Articles of Organization for this Limited Liability Co Florida document number L23000377144		filed on <u>08/10/2</u>	023	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability	company here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Co	mpany," the designa	ntion "L.I.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. —			
B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		address on our Enter Florida str		the name of the new
		ìiy.	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete perfe ent as provid	ormance of my d led for in Chapt	uties, and Lam feer 605, F.S. Or,	imiliar with and if this document is
	If Chunging	Registered Agent, <u>S</u>	ignature of New Res	astered Agent

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	Name	<u>Address</u>	Type of Action
MBR	RAFAEL E. MUJICA, SR.		□ Add
		382 NE 191ST St. #576653 MIAMI, FL 13179	
			Change
			A&I
			□ Remove
			Change Of the Ch
			25.
			Change
			□ Remove
			□ Change
··-			O Add
			O Remove
			C Change
<u></u>			O Add
			□ Remove

Page 2 of 3

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To.

Page 3 of 3
Filing Fee: \$25.00

Typed or printed name of signee

Lineth Jose Guatume Guerra