



Office Use Only



000426516040

03/23/24--01016--004 **25.00

TILED 2024 MAY TO PH 4: 21 SECRETARY DESTAIL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coordinated Connect, LLC			
(Name of the Limi	led Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on February 23, 2024	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	icable:	1211 Seminola Boulvard	
(Principal office address MUST BE A STREET ADDRESS)		Unit 101	
		Casselberry, Florida 32707	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1211 Seminola Boulvard	ZOZU HAY SECKET
		Unit 101	
		Casselberry, Florida 32707	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	_ ლა - □
Name of New Registered Agent:	Seminola Bus	siness Center, LLC	
New Registered Office Address:	1211 Semino	la Boulvard	
	Enter Florida street address		
	Casselberry	. Floric	da <u>32707</u>
		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.

ClideTra Simpson
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
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			☐ Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			□ Change

If amending any other informa	ation, enter change(s) here: (Attach	additional sheets, if necessary.)	
	<u>.</u> .		
	<u> </u>		
(If an effective date is listed, the date mu	lock does not meet the applicable statute	(optional) lling or more than 90 days after filing.) Pursuant to 605 ory filing requirements, this date will not be liste	.0207 (3 ed as th
he record specifies a delayed effective ord is filed.	re date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after	r the
Dated May 10th	. 2024		
Clidetra Sim	Isonu Signature of a member or authorized repre		
	Signature of a member or authorized repre	sentative of a member	
Clidetra Simpson			
	Typed or printed name of	signee	

Filing Fee: \$25.00