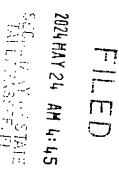


Office Use Only



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COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	We Conne Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MAns	ABLUNA Dene Name of Person	e Zilc
		Firm/Company	
	III E K	10 nument Ave	# 608
	Ke	Si mmee, FL 34 City/State and Zip Code	-74/
	E-mail address: (to be used for future annual report not	ification)
	concerning this matter, please ca		
MANSABRUMA Name	Dene Zer of Person	at (<u>407</u>) <u>7151)</u> Area Code Daytim	142 ne 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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)					
The Articles of Organization for this Limited Liability Company were filed or	nan∉assigned					
Florida document number						
This amendment is submitted to amend the following:	# 5					
A. If amending name, enter the new name of the limited liability compa	ny 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:	E Monument Are #608					
(Principal office address MUST BE A STREET ADDRESS)	Simmee, fl 34741					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N) E MONUMENT ARE #608 Kissimmer, Fl 34741					
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered					
Name of New Registered Agent:						
New Registered Office Address: E MDY	1 UMent Ave #608					
	··· · · · · · · · · - · ·					

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 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	JEAN MARCKentz	111 E Monument Ave #60	《 □Add
	Denezier	Kijlimmel, Fl 34741	□Remove
			Change
MGR	MANSA BRUNA Denezier	111 E Honument Ave #608	🗀 Add
		Kissimmer, Fl34741	□Remove
			Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			Change
			🗆 Add
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·			□Remove
			□Change

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effective dat te: If the da	e is listed, the te inserted i	han the date date must be sp n this block do on the Departn	ecific and can ses not meet	not be prior to the applica	date of filing	g or more filing re	than 90 days	ptional) after filing.) F this date w	tursuant to 605.020
cord specifi s filed.	es a delayed	effective date	but not an e	effective tin	ne, at 12:01	a.m. on t	he carlier of	f: (b) The !	90th day after the
ed 15	h ut	MAY	, <u> </u>	2024	_ ·				
			St	tterflen	1		member		
		Signat	ure of a filem	ber of author	zed represen	tative of	member		

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L24000195713 FILED 8:00 AM April 26, 2024 Sec. Of State

Article I

The name of the Limited Liability Company is: WE CONNECT ALL.LLC

Article II

The street address of the principal office of the Limited Liability Company is:

101 E MONUMENT AVE 608 KISSIMMEE, FL. UN 34741

The mailing address of the Limited Liability Company is:

1413 PUNTA GORDA DR 608 KISSIMMEE, FL. US 34759

Article III

The name and Florida street address of the registered agent is:

JEAN MARCKENTZ DENEZIER 101 E MONUMENT AVE 608 KISSIMMEE, FL. 34741

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JEAN MARCKENTZ DENEZIER

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR MANSABRUNA DENEZIER 111 E MONUMENT AVE 608 KISSIMMEE, FL. 34741 US

Title: AMBR JEAN MARCKENTZ DENEZHER 101 E MONUMENT AVE, 608 KISSIMMEE, FL. 34741 US

Article V

The effective date for this Limited Liability Company shall be:

04/20/2024

Signature of member or an authorized representative

Electronic Signature: JEAN MARCKENTZ DENEZIER

Lam the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. Lam aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Lunderstand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L24000195713 FILED 8:00 AM April 26, 2024 Sec. Of State crico