8/1/2/n 1:21 PM Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

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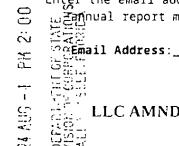
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206



Enter the email address for this business entity to be used for future யு தூர்வுவி report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E-CONNEK LLC

Certificate of Status	0
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K. SALY

AUG - 2 2024

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8/1/2024 10.56:50 PDT . To: 18506176383 Page 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 AUG - 1 AH 4: 09

TALLAHASSE FLORIO:

E-CONNEK LLC

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

The Articles of Organization for this Limited Liability Compar	ny were filed on 07/23/24	and assigned
Florida document number L24000325868		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Econnek LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florada sire	et address
		, Florida
	·	Zip Cinic
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du is provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

8/1/2024 10.56.50.PDT . To 18506176383 Page 3/4 Fax: 8134365206

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>	Name	<u>Address</u>	Type of Action
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			ElChange
			Change Contract Contr
			Add 3
			- ORganic G
			[]Change
			iTAdd
			□Remove
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			∏Add
			□Remove
			□Change
			ÜAdd
			□Remove

2024 10:56:50 , PDT	To. 18506176383	Page 4/4	Fax: 81343652
D. If amending an	y other information, enter change(s) here: 7.	Attach additional sheets, if necessary.)	
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Note: If the date	f other than the date of filing: s listed, the date must be specific and cannot be prior to da inserted in this block does not meet the applicable tive date on the Department of State's records.	(optional) to of filmg or more than 90 days after filing.) Pu statutory filing requirements, this date wil	usuant to 605.0207 (3)(b) I not be listed as the
If the record specifies record is filed.	a delayed effective date, but not an effective time, a	it 12:01 a.m. on the earlier of: (b) The 96	0th day after the
Dated August 1	2024		
/2	2024 Signature of a member or authorized		
·	Signature of a member or authorized	representative of a member	
Robin	Jones		
	Typed or printed na	me of signee	·