## 124000381046

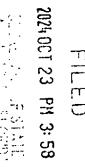
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NOV 14 2024

Office Use Only



600438112276

10/23/24--01080--006 ••25.00



## **COVER LETTER**

	Registration Se Division of Cor			
SHD IE/		nections LLC		
SUBJEC		Name of Lin	ited Liability Company	<del></del>
The encl	osed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Andreina Haick		
			Name of Person	
		Single Connections LLC		
	Firm/Company			
		3121 NW 107th dr		
			Address	<del></del> _
		Sunrise/Florida/ 33351		
			City/State and Zip Code	<del></del>
		worldsingleconnections@gr		<del></del>
For finds	on information o		to be used for future annual report notific	auon)
		oncerning this matter, please c	an:	
Andreina	ı Haick		954 4015209 at ()	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S	_	<u>Street Address:</u> Registration Sect	ion
	Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2024 OC / 23 PH 3. 58

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

The Articles of Organization for this Limited Liability	Company were filed on August	t 30, 2024	and assigned
Florida document number L-24000381046			
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
Chis amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Cinter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Cinter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered igent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :	street address	ne name of the new registered
	·	Flori	ida
	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.

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	Valeria Salcido	285 W Mashta dr, Key Biscayne, Florida 33149	□Adđ
			≣Remove
			□Change
MGR	Fabiola Gallegos	2422 Christina Ave Mission, TX 78572	
			□Rетюve
			□Change
			□Add
			□Remove
		<del></del>	□Add
			ПРеточе
			□Change
			□ Add
			□Remove
		<del> </del>	□ Add
			□Remove
			□Change

	<u> </u>			
	***			
	·········		<u> </u>	
		_		
		<u> </u>		<del></del>
			<del></del>	
				<del></del>
		···		
<del>.</del>				
ective date, if other than the da	te of filing:		(optional)	
n effective date is listed, the date must be te: If the date inserted in this block				
cument's effective date on the Depa				
ecord specifies a delayed effective di is filed.	ate, but not an effective tim	e, at 12:01 a.m. on the c	arlier of: (b) The 90th day	after the
	2024			
October 10th	·	<del></del>		
ted Cottober 10th	·	<del></del>		
	Dru 444 gnature of a member or author	ved representative of a me	mber	_