L24000408610

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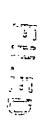
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Village Connect, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey S. Mejia Name of Person Village Connect, LLC Firm/Company 1014 Atlantic Ave Address Fruitland Park, FL 34731 City/State and Zip Code jefrox77@yahoo.com E-mail address: (to be used for future annual report nonfication) For further information concerning this matter, please call:
Please return all correspondence concerning this matter to the following: Jeffrey S. Mejia Name of Person
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Jeffrey S. Mejia Name of Person Village Connect, LLC Firm/Company 1014 Atlantic Ave Address Fruitland Park, FL 34731 City/State and Zip Code jefrox77@yahoo.com E-mail address: (to be used for future annual report notification)
Name of Person Village Connect, LLC Firm/Company 1014 Atlantic Ave Address Fruitland Park, FL 34731 City/State and Zip Code jefrox77@yahoo.com E-mail address: (to be used for future annual report notification)
Village Connect, LLC Firm/Company 1014 Atlantic Ave Address Fruitland Park, FL 34731 City/State and Zip Code jefrox77@yahoo.com E-mail address: (to be used for future annual report notification)
Firm/Company 1014 Atlantic Ave Address Fruitland Park, FL 34731 City/State and Zip Code jefrox77@yahoo.com E-mail address: (to be used for future annual report notification)
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E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
7 of the the fill the fill that the file of the fill the file of the fill t
Jeffrey S. Mejia at (860) 481-2000
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appe nited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000408610</u> .	pany were filed on _	September 19, 2024	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	<u>⇔</u> •
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	3.6 3.7	
			9 ;
		= 1 1	
Enter new mailing address, if applicable:	 .		
(Mailing address MAY BE A POST OFFICE BOX)	_	20 Aug	7
B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	fice address on our	records, enter the name o	f the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Dennis M. Lumpay	400 Crestrun Loop	X Add
		Leesburg Florida 34748	□Remove
			□Change
			🗆 Add
			□Remove
			Change
		···	🗆 Add
			□Remove
			□Change
			□Add
		 	□Remove
			□ Change
			□Add
		 	Remove
			Change
			🗀 Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____September 30 authorized representative of a member Jeffrey S. Mejia

Typed or printed name of signee