P170001721

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TALLISHASSEE, FLORIDA

C. GOLDEN 0CT 1 7 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	Connected Busines	ss Solutions, Inc		
DOCUMENT NUMBER:	P17000001721			
The enclosed Articles of Amendme	ent and fee are subm	itted for filing.		
Please return all correspondence co	ncerning this matter	to the following:	•	
Robert J Squ	iiccirini			
		Name of Contact Person		
Connected E	Business Solutions			
Firm/ Company				
4100 N. Powerline L-2				
Address				
Pompano Beach, FL 33073				
		City/ State and Zip Code		
rsquiccirini@myco	nnectedbiz.com			
E-mail	address: (to be used	for future annual report n	otification)	
For further information concerning	this matter, please c			
	·	at (e & Daytime Telephone Number	
Name of Contact Pe	rson	Area Code	e & Daytime Telephone Number	
Enclosed is a check for the following	g amount made pay	able to the Florida Depart	tment of State:	
	5 Filing Fee & Cicate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· Articles of Amendment to Articles of Incorporation of

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	ration as currently filed with t	ne Florida Dept. of ! !/\	LLAHASSEE, FLOOR
onnected Business Solutions, INC	P17000001721	- 27	
(Do	cument Number of Corporation	(if known)	
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	rida Statutes, this Florida Prof	t Corporation adopts	the following amendme
. If amending name, enter the new name of the	e corporation:		
ime must be distinguishable and contain the vicorp.," "Inc.," or Co.," or the designation "Cord" chartered," "professional association," or the contact of t	orp," "Inc," or "Co". A proj		
Enter new principal office address, if applica			
rincipal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROY)		
MAT BE AT OST OFFICE	<u></u>		
			<u> </u>
If amending the registered agent and/or regis	stered office address in Florid	a, enter the name of	<u>the</u>
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · · 			
•	(Florida street address)		•
		, Flo	ida
New Registered Office Address:	(City)	, F101	(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	V Mike	<u>Jones</u>	·
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	Director	Robert Squiccirini	9381 Eden Manor
Add (FROM PRESIDE	ENT)	Parkland, FL 33076
Remove		•	<u> </u>
2) Change	Director .	Eric Pelzman	3456 S. Ocean Blvd. #101
XXX Add			Palm Beach, FL 33480
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter chang). (Be specific)			
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<u></u>				
				•
an amendment provides for an ex	change, reclassifica	tion, or cancellation o	f issued shares.	
rovisions for implementing the an (if not applicable, indicate N/A)	nendment if not con	tained in the amendm	ent itself:	
(ij not applicable, thatcase N/A)				

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	•
by"	•
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	·
Signature (By a director, president or other other — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Robert Squiccirini	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	12.1