

7/21/22, 8:07 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**49000179047**

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((H22000247131 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ICONNECT SOLUTIONS CORP  
Account Number : I20190000122  
Phone : (407)863-0095  
Fax Number : (407)612-2181

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CASSIMIRO'S LLC

2022 JUL 21 AM 10:47

Certificate of Status	0
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JUL 21 2022  
K. Brumbley



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000247131 3

CASSIMIRO'S 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 Company were filed on 07/11/2019 and assigned Florida document number L19000179047

This 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 "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

6735 CONROY ROAD STE 309 ORLANDO, FL, 32835

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

6735 CONROY ROAD STE 309 ORLANDO, FL, 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: New Registered Office Address: Enter Florida street address City, Florida Zip Code

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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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAISA APARECIDA DE SOUZA	4206 EASTGATE DR # 3233	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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