

L19000267671

Florida Department of State  
Division of Corporations  
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((H200003306163))



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From: Account Name : ICONNECT SOLUTIONS CORP  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARACAJU INTERNATIONAL LLC

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SEP 23 2020

**COVER LETTER**

H20000330616 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARACAJU INTERNATIONAL 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:

EMERSON CORREA  
Name of Person

ICONNECT SOLUTIONS CORP  
Firm/Company

6735 CONROY ROAD STE 219  
Address

ORLANDO, FL 32835  
City/State and Zip Code

EMERSON@ICONNECTSC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA at ( 407 ) 8630096  
Name of Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 DIVISION OF CORPORATIONS  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H200003306163

RECEIVED  
STATE OF FLORIDA  
SEP 22 AM 11:12

MARACAJU INTERNATIONAL 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 10/25/2019 and assigned  
Florida document number L19000267671.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent



