

L21000193896  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : ICONNECT SOLUTIONS CORP  
Account Number : I20190000122  
Phone : (407)863-0006  
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  
CELO AZZURRO LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: CELO AZZURRO 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 309

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Address

ORLANDO, FL 32835

City/State and Zip Code

BUSINESS@ICONNECTSC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

407 863-0096  
at ( )

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

**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:

MGR = Manager  
AMBR = Authorized Member

| Title | Name | Address | Type of Action                  |
|-------|------|---------|---------------------------------|
|       |      |         | <input type="checkbox"/> Add    |
|       |      |         | <input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Change |
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|       |      |         | <input type="checkbox"/> Change |

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SEP 4 3 10 PM  
SUNBIZ

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

CHANGING MAILING AND PRINCIPAL ADDRESS OF THE COMPANY TO:

1633 FUTURE WAY #313

CELEBRATION, FL 34747

FILED  
2024 SEP-14 PM 3:16  
CLERK'S OFFICE  
TALLAHASSEE, FLORIDA

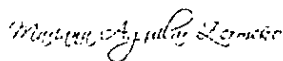
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 AUGUST, 30th, 2024.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARIANA AGUILAR ZERMENO

\_\_\_\_\_  
Typed or printed name of signee