4/18/22, 4:41 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 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 BLUE ICE CREAM USA LLC

Certificate of Status	0
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Page Count	01
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2022 APR 18 PM 4: 56

To: +18506176383

Page: 2 of 5

2022-04-18 20:47:46 GMT

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From: EMERSON CORREA

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	ration Section on of Corporations				
B SUBJECT:	BLUE ICE CREAM USA LLC				
SCBJECT: _	Name of Limited Lin	ability Compan	y		
The enclosed A	rticles of Amendment and fee(s) are submitted	for filing.			
	l correspondence concerning this matter to the				
	EMERSON CORREA				
		Name of Person	1		
	ICONNECT SOLUTIONS COR	P			
		Firm Company	,		
	6735 CONROY ROAD, STE 309	9			
		Address			
	ORLANDO,FL 32835				
	City	State and Zip (Code		
	CONTACT@ICONNECTSC.CO.				
	E-mail address: (to be u	sed for future as	nnual report notification)		
For further info	rmation concerning this matter, please call:				
EMERSON CO	DRREA	4()7 ut (863-0096		
	Name of Person	Area Code	Daytime Telephone Number		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee Page: 3 of 5

From: EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220001403473

BLUE ICE CREAM USA LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/11/2022	and ass	igned
Florida document number L22000125372			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
RAFAEL SERVICE CAR LLC		<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	2698 CHANTILLY AVE	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741		
	-		
Enter new mailing address, if applicable:	2698 CHANTILLY AVE		
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34741		
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the nev	<u>v registerec</u>
agent and/or the new registered office address here:		_	
Name of New Registered Agent:		770/2	3 5 5
		a PR	<u></u>
New Registered Office Address:	Enter Florida straet address	œ	723
	Florida	P	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	ည္လ	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further o	ngree to comp	oly with the

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

To: -18506176383

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAFAEL VICENTE DA SILVA	2698 CHANTILLY AVE	□Adđ
		KISSIMMEE, FL 34741	
			■ Change
			□Add
			Remove
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			Change
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			□Remove
			□Change
			Remove
			□ Change

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C	HANGING PRINCIPAL ADDRESS
	HANGING MAILING ADDRESS
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(If an effe Note:	ctive 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the mass effective date on the Department of State's records.
the record cord is file	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 ed
	APRIL ,15 2022
Dated	
Dated]	Refined Vicent's Set only