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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.

Cmall.	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALIOS SCHOOLS WESLEY CHAPEL LLC

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From: EMERSON CORREA

COVER LETTER

	Registration Section Division of Corporations
รบเมรัช	WALIOS SCHOOLS WESLEY CHAPEL LLC
30000	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	rum all correspondence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm Company
	6735 CONROY ROAD STE 307
	Address
	ORLANDO, FL. 32835
	City/State and Zip Code
	CONTACT@ICONNECTSC.COM
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
EMERS	ON CORREA 407 863-0096
	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALIOS SCHOOLS WESLEY CHAPEL LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000150700</u>	npany were filed on 03/24/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		%
Enter new mailing address, if applicable:		1000 mm
(Mailing address MAY BE A POST OFFICE BOX)		
		,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	flice address on our records, enter the nar	nè obthe Rw registered
agent and the new registered office agencies neve.		. ST.
Name of New Registered Agent:		: AF
Name of New Registered Agent		<u>.</u> <u>.</u>
New Registered Office Address:	Emer Florido street address	
	, Florida	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 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	<u>Name</u>	Address	Type of Action
AMBR	SL MACARIO INVESTMENTS LLC	6735 CONROY ROAD	∃ Add
		STE 309	□ Remove
		ORLANDO, FL 32835	□ Change
			\Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			Remove
			□Change
			□Add
		 	□Remove
			□Change

	6735 CONROY ROAD
	STE 309
	ORLANDO, FL, 32835
	
	
Note: If the date inserted in	the date of filing:
ic record specifies a delayed c ord is filed	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated MAY, 23th	2024
Ling for Car	- ज्वापा
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signature of a member or authorized representative of a member