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(((H200004031403)))



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To:

Division of Corporations

Email Address:__

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 : (407)612-2181 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOGUE OFFICIAL LLC

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COVER LETTER

Division of Co			H20000403140 3
NOGUE C	OFFICIAL LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	EMERSON CORREA		
	<u> </u>	Name of Person	
	ICONNECT SOLUTION	NS CORP	
		Firm/Company	
	6735 CONROY ROAD	STE 219	
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	EMERSON@ICONNEC		
	E-mail address	s; (to be used for future annual	report notification)
For further information	concerning this matter, please	e call:	
EMERSON CORREA		407 86. at ()	3-0096
Name	of Person	Area Code	Daytime Telephone Number

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

StreetAddress: 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 23 [1] 11 OF

NOGUE OFFICIAL LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now uppears on our reco ability Company)	<u>irds.)</u>
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L19000035449</u> .	were filed on 02/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" 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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
New Registered Vittee Hawkens	Enter Florida street ad	Utress
		, Florida
	City	ZipCon
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	I for the manage to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e perjormance of my care oravided for in Chapter 6	505, F.S. Or, if this document is

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 H20000403140 3

Title	<u>N</u> ame	Address	Type of Action
AMBR	CHARE ALVES DE M NOGUE RIBEIRO	2004 NEW STONECASTLE TER #210	= Add
		WINTER PARK, FL 32792	□Remove
			□ Change
AMBR	ANDRE LUIS NOGUE RIBEIRO	2004 NEW STONECASTLE TER #210	= Add
		WINTER PARK, FL 32792	□Remove
			Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		□Remove	
			□ Change
			□ Add
			Remove

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory tung requirements, this date will not be useed as
ne record specifies a delayed effective date, but not an effective to and is filed.	me, at 12:01 a.m. on the earlier of: (h). The 90th day after the
Dated NOVEMBER 19 2020	·
James Deck	
Signature of a member of without	orized representative of a member

Typed or printed name of signee