

24/09/2024, 14:35

Division of Corporations

L12000161528

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)863-0096
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
2950 LUCAYAN HARBOUR CIRCLE 101, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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M. SOLOMON

SEP 25 2024

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2950 LUCAYAN HARBOUR CIRCLE 101, 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

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

Name of Person

at (407)

Area Code

863-0096

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2950 LUCAYAN HARBOUR CIRCLE 101, 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 12/28/2012 and assigned
Florida document number L12000161528.

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:

ICONNECT SOLUTIONS CORP

New Registered Office Address:

6735 CONROY ROAD, SUITE 309

Enter Florida street address

ORLANDO

Florida


32835

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FABIO VICENTE DE CASTRO	2950 LUCAYAN HARBOUR CIRCLE	<input type="checkbox"/> Add
		UNIT 101	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
AMBR	RODRIGO FERNANDES ARANDAS	2950 LUCAYAN HARBOUR CIRCLE 9	<input checked="" type="checkbox"/> Add
		UNIT 101	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
AMBR	MILTON DE OLIVEIRA CARVALHO FILHO	2950 LUCAYAN HARBOUR CIRCLE 9	<input type="checkbox"/> Add
		UNIT 101	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34746	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE REMOVE FABIO VICENTE DE CASTRO.

PLEASE CHANGE MILTON DE OLIVEIRA TO HIS COMPLETE NAME - MILTON DE OLIVEIRA CARVALHO FILHO.

PLEASE CHANGE THE ADDRESS OF MILTON DE OLIVEIRA TO:

2950 LUCAYAN HARBOUR CIRCLE 9

UNIT 101

KISSIMMEE, FL 34746

PLEASE ADD RODRIGO FERNANDES ARANDAS AS AUTHORIZED MEMBER.

PLEASE CHANGE THE REGISTERED AGENTE NAME AND ADDRESS TO:

ICONNECT SOLUTIONS CORP

6735 CONROY ROAD, SUITE 309

ORLANDO

32835

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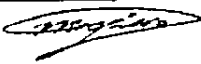
E. Effective date, if other than the date of filing: _____ (optional)

(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 09/24/2024



Signature of a member or authorized representative of a member

MILTON DE OLIVEIRA

Typed or printed name of signer