

Division of Corporations

**L1300120624**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000046691 3)))



H2500004669134BC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ICONNECT SOLUTIONS CORP  
Account Number : 120190000122  
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: \_\_\_\_\_

2025 FEB -6 PM 12:47

RECEIVED  
2025 FEB -6 PM 4:06  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA FIBERGLASS POOLS LLC

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

T. LEMIEUX

FEB -7 2025

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA FIBERGLASS POOLS 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 RD. 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

407 363-0096  
at ( )  
Area Code Daytime Telephone Number

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

FLORIDA FIBERGLASS POOLS 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 08/26/2013 and assigned  
Florida document number L13000120624.

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 RD, STE 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.*

*Emerson Correa*

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>
MGR	Ronei A. O. SOUZA	21500 S Dixie Hwy	<input type="checkbox"/> Add
		Miami, FL 33189	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARCE HOLDING LLC	16192 COASTAL HIGHWAY	<input checked="" type="checkbox"/> Add
		LEWES, DE 19958	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

---

CHANGING OF REGISTERED AGENT

---

---

REMOVE MANAGER RONEI A. O. SOUZA

---

---

ADD AMBR ARCE HOLDING LLC WITH ADDRESS 16192 COASTAL HIGHWAY, LEWES, DE 19958

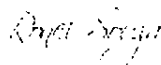
---

**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 01/31/2025

---

Signature of a member or authorized representative of a member

---

RONEI ARAUJO OLIVEIRA SOUZA

---

Typed or printed name of signee