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H240001739133ABC/

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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

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mail Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PACIFIC USA INVESTMENTS LLC

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K. SALY

MAY 1 5 2024

COVER LETTER

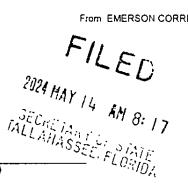
	Registration Section Division of Corporations	
SURJE <i>C</i> "	PACIFIC USA INVESTMENTS LLC	
	Name of Limit	ted Liability Company
The enclo	sed Articles of Amendment and fee(s) are subn	nitted for filing.
Please ren	um all correspondence concerning this matter t	o the following:
	EMERSON CORREA	
		Name of Person
	ICONNECT SOLUTIONS	CORP
		Firm/Company
	6735 CONROY RD STE 30	09
		Address
	ORLANDO, FL 32835	
		City/State and Zip Code
	CONTACT@ICONNECTS	
	E-mail address: (to	o be used for future annual report notification)
For furthe	information concerning this matter, please ca	И:
EMERSO	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**



PACIFIC USA INVESTMENTS 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 Con	npany were filed on	09/15/2015	and assigned
Florida document number L15000154137			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or th	e abbreviation "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:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		·	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on ou	r records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	Florida street oddress	
	· · · · · · · · · · · · · · · · · · ·	Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u> Ngent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance at as provided for it	of my duties, and La n Chapter 605, F.S. (om familiar with and Or, if this document is
ī	If Changing Registered	Agent, Signature of New	Registered Agent

To: Sunbiz

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2024-05-14 17:26:53 GMT

14076122181

From: EMERSON CORREA

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	Name	Address	Type of Action
AMBR	BERNARDO DA SILVA DE LEMOS	14936 GUAVA BAY DR	∃ Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
			□Add
			Remove
		-	Remove To Remove
			□ Remove □ Change
			□Add
			Remove
			□Change
			□Add
		 	□Remove
			□ Change
			🗀 Add
			□Remove
			Change

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ective date, if other than th	ne date of filing:		(o	otional)	
reffective date is listed, the date in test in this limited in the date in this limited in the limited in this limited in the	nist be specific and cannot be p				
nument's effective date on the			,		
cord specifies a delayed effect s filed	ive date, but not an effectiv	c time, at 12:01	a.m. on the earlier of	(b) The 90th day	after the
ted may 13th	2024				
	1 -				
	Signature of a member or a				