Florida Department of State

Division of Corporations

Division of Corporations

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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:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLSENSES COMMUNICATION LLC

Certificate of Status	0
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Corporate Filing Menu

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BURN

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COVER LETTER

H21000285903 3

TO: Registration Sec Division of Corp			
ALLSENSE SUBJECT:	ES COMMUNICATION LLC		
3000E1.	Name of Limited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	EMERSON CORREA	202: SI TAI	
	Name of Person	Terror -	1
	ICONNECT SOLUTIONS CORP	2021 JUL 2	
	Firm Company	· · · · · · · · · · · · · · · · · · ·	ŗ1
	6735 CONROY ROAD STE 309	PM 2: 03	Ţ
	Address	23. 25. 25.	
	ORLANDO, FL 32835	7	
	City/State and Zip Code		
	CONTACT@ICONNECTSC.COM		
	E-mail address: (to be used for future annual report notification)		
For further information e	oncerning this matter, please call:		
EMERSON CORREA	407 863 (X)96		
Name o	f Person Area Code Daytine 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

From: EMERSON CORRE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210002859033

ALLSENSES COMMUNICATION LLC		
(<u>Name of the Limited Liabilit</u> (A Flerida	ty Company as it now appears on our record Limited Linbility Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 11/06/2015	and assigned
Florida document number L15000188827		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(maning dadress war be a 1 Cor or Free Born)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet addres	
	- 111 , 7, 11, 11, 11, 11, 11, 11, 11, 11, 11,	
	City , FI	orida
	v. n.v	~7: w

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.

Page: 4 of 5

2021-07-27 18:35.19 GMT

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 H210002859033

<u>Title</u>	Name	Address	Type of Action
MGR	THIAGO PONS CASAL DE REY	400 S CUMBERLAND AVE	= Add
		OCOEE, FL 34761	Remove
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