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

From:

Account	Name	:	ICONNECT	SOLUTIONS	CORP
Account	Number	:	12019000	9122	
Phone		:	(407)863-	-0096	
Fax Num	ber	:	(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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEN HEADS, LLC

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COVER LETTER

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TO: Registration Section Division of Corporations

TEN HEADS, LLC

SUBJECT:

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 219

Address

ORLANDO, FL 32835

City/State and Zip Code EMERSON@ICONNECTSC.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA	407	863-0096
	at ())
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEN HEADS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2015	and assigned
Florida document number L15000194333		100
This amendment is submitted to amend the following:		2010
A. If amending name, enter the new name of the limited liabi	lity company here:	
BRAVITTA LLC		
BRAVITTA LLC. The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1254 CELEBRATION AVE	
(Principal office address MUST BE A STREET ADDRESS)	CELEBRATION, FL 34747	
Enter new mailing address, if applicable:	1254 CELEBRATION AVE	
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION, FL 34747	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nas</u>	ne of the new register
New Registered Office Address:		
inew Registered Office Auda too.	Enter Florida street address	<u> </u>
	. Florida	
	City	Zip Codc

New Registered Agent's Signature, if changing Registered Agent:

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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 = M $AMBR = A$	lanager uthorized Member	H20000286107 3	
Title	Name	Address	Type of Action
AMBR	LAVITAINC LEC	1254 CELEBRATION AVE	Add
		CELEBRATION, FL 34747	🗆 Remove
			DChange
			🗆 Add
			CRemove
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uner	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	DDING LAVITAINC LLC AS AMBR
	HANGING THE NAME OF THE COMPANY AND ADDRESS
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ecti	e date, if other than the date of filing:(optional) ctive 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 605.0
ne: i	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cune	m's effective date on the Department of State's records.
есога	specifies a delayed effective date, but not an effortive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
is file	ad.
	AUGUST 18
ted_	
	Signature of a member of authorized representative of a member
	ROQUE MARCIO VELSUBKA
	Typed or printed name of signee

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