

11/18/21, 4:29 PM

Division of Corporations

Florida Department of State
Division of Corporations
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(((H21000427160 3)))



H210004271603ABCX

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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

2021 NOV 22 AM 10:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****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
COLUMBIA MANAGEMENT LLC

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

NOV 23 2021

A. LUNT

2021 NOV 22 AM 11:46

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: COLUMBIA MANAGEMENT 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

CONTACT@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

407 863 0096
at (_____) _____
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

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COLUMBIA MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF CIRCUIT COURT
JANUARY 11, 2022
2021 NOV 22 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 03/02/2016 and assigned
Florida document number L16000044105.

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:

2621 SUNRISE SHORES DR

(Principal office address **MUST BE A STREET ADDRESS**)

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

6735 CONROY ROAD STE 309

(Mailing address **MAY BE A POST OFFICE BOX**)

ORLANDO, FL 32835

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 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 CORRI

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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HECTOR MANUEL ARROYAVE VAZQUEZ	2621 SUNRISE SHORES DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALFONSO AGUILAR ZERMENO	2621 SUNRISE SHORES DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTONIO PINTO	7751 KINGSPONTE PKWY SUITE 120	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" 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

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

CHANGING PRINCIPAL AND MAILING ADDRESS

CHANGING REGISTERED AGENT

ADDING MEMBER ALFONSO AGUILAR ZERMENO AND HECTOR MANUEL ARROYAVE VAZQUEZ

REMOVING MANAGER MARTONIO PINTO

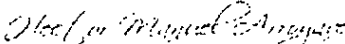
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 NOV 22 AM 10:17**E. Effective date, if other than the date of filing: _____ (optional)**

(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 NOVEMBER 18, 2021



Signature of a member or authorized representative of a member

HECTOR MANUEL ARROYAVE VAZQUEZ

Typed or printed name of signer