46000133910

**Florida Department of State
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

RAMON & RAMON, LLC

Certificate of Status	0
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Page Count	01
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T. LEMIEUX

JUN - 4 2024

FILED 2024 JUN -3 PH 2:03 SECRETARY OF STATE

RECEIVED 2024 JUN -3 PH 1:51 STATE CORPORATIONS DIVISION FLORIDA

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: RAMON & RAMON, 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   407   863-0096
_____   at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Mailing Address: Street Address:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RAMON & RAMON, 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 07/15/2016 _____ and assigned

Florida document number L16000133910 _____ .

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)

12748 BIDEFORD AVE

WINDERMERE, 34786

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

12748 BIDEFORD AVE

WINDERMERE, 34786

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

_____

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MARCELO LUIS REIS	12748 BIDEFORD AVE	☐ Add
		WINDERMERE, 34786	☐ Remove
			■ Change
AMBR	PAULO ROBERTO A. QUINTELA JUNIOR	12748 BIDEFORD AVE	☐ Add
		WINDERMERE 34786	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
:			☐ Change
			☐ Add
			☐ Remove

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

CHANGING COMPANY AND MEMBERS ADDRESSES TO: 12748 BIDEFORD AVE

WINDERMERE, 34786

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 MAY. 31   2024

_____
Signature of a member or authorized representative of a member

PAULO ROBERTO A. QUINTELA JUNIOR

_____
Typed or printed name of signee