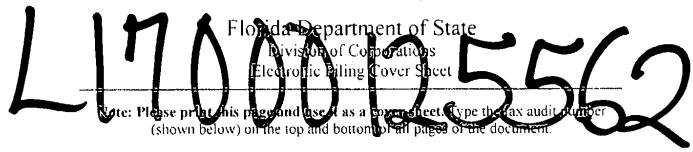
Division of Corporations



(((H220002114113)))



H220002114113ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

5

က်

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:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORLD LIFE SOLUTIONS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

14076122181

From: EMERSON COR

COVER LETTER

TO: Registration Section

Division of Corporations

Page: 2 of 5

H220002114113

SUBJECT: WORLD LIFE SOLUTIONS 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:

	Name of Person
CONNECT SOLUTIO	NS CORP
	Firm Company
6735 CONROY ROAD	STE 309
	Address
ORLANDO, FL. 32835	
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code
CONTACT@ICONNEC	TSC,COM

For further information concerning this matter, please call:

EMERSON CORREA

8630096

Name of Person

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

H220002114113

WORLD LIFE SOLUTIONS LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) vany)
The Articles of Organization for this Limited I		on 06/08/2017 and assigned
Florida document number 1.17000125562	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ny 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 appli	cable:	2022
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	27
B. If amending the registered agent and/or	registered office address on o	our records, enter the name of the new register
agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	ICONNECT SOLUTIONS	CORP
New Registered Office Address:	6735 CONROY ROAD STE	E 309
	Ente	er Flovida 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.

If Changing Registered Agent, Signature of New Registered Agent

THERSON CORRECT

To: Sunbiz 4 Page: 4 of 5 2022-06-17 18:52:50 GMT 14076122181 From: EMERSON COR

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

H220002114113

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Remoye
			20 □ Change
			DAdd PH 3
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page: 3 of 5

H22000211411 3

CHANGING REGISTERI	D AGENT			_
				-
				-
				_
			<u> </u>	-
			<u> </u>	-
				-
				_
<u> </u>		 ·		_
			- 	2022
				J. J
			·	- IX
				رب
			·	27
				_
		<u> </u>		_
Iffective date, if other than the number of an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days after the statutory filing requirements, the	ional) r filing.) Pursuant to 60 is date will not be lis	15.0207 (sted as t
record specifies a delayed effect d is filed	tive date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (I	h). The 90th day aft	er the
Dated JUNE 15	. 2022	<u>-</u> •		
	Ranaldo Fiare			
	Signature of a member or authori	zed representative of a member		
	RONAL	DO FIORE		
	Typed or printed	nami a staianas		