

11/30/22, 2:06 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L17000151560

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(((H22000403726 3)))



H220004037263ABC-

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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

2022 NOV 30 PM 2:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

H220004037263ABC-

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 IBITU, LLC**

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

C. BRUMBLEY  
 LLC - 1 2022

# COVER LETTER

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IBITU, 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

EMERSON CORREA  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONTACT@ICONNECTSC.COM      407      8630096  
Name of Person      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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IBITU, 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 07/14/2017 and assigned Florida document number 1.17000151560

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 2022 NOV 30 PM 2:36 SEC OF STATE TALLAHASSEE, FL

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 Correa

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:

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

