5/10/23, 9:22 AM Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H23000174179 3)))



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:

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 UNA DESIGN LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

| | Registration Se Division of Cor | | | | |
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| and the land | | ESIGN LLC | | | |
| SUBJEC | TT: | Name of Lim | | | |
| The enck | osed Articles of | Amendment and fee(s) are sub | Address RLANDO, FL 32835 City/State and Zip Code Name of Fundaddress: Certificate of Status Certificate of Status StreetAddress: Registration Section Division of Corporations Address: Registration Section Division of Corporations Address: Registration Section Division of Corporations | | |
| Please re | turn all correspo | indence 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 | | |
| | | | | | |
| For furth | er information c | | | | |
| | ON CORREA | | 407 863-0096 | | |
| | Name o | f Person | Area Code Daytime Telephone N | iumber | |
| Enclosed | l is a check for th | ne following amount: | | | |
| ■ \$25. | 00 Filing Fee | | Certified Copy Ce (additional copy is enclosed) Ce | rtificate of Status & rtified Copy | |
| | MailingAddres Registration 5 | | | | |
| | Division of C | orporations | Division of Corporations | | |
| | P.O. Box 632 Tallahassee, I | | The Centre of Tallahassee 2415 N. Monroe Street, St | | |

Tallahassee, FL 32303

To: Sunbiz

Page: 3 of 5

2023-05-10 13:24.52 GMT

14076122181

From: EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNA DESIGN LLC | | |
|--|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/24/2018 | and assigned |
| Florida document number L18000103019 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 792 |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | <u> </u> |
| | | <u>8</u> |
| | | 28 0 PH 2 |
| Enter new mailing address, if applicable: | - | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 9 t |
| B. If amending the registered agent and/or registered office and and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Address on our records, enter the | name of the new regis |
| | | |
| | Florida | ia 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.

To: Sunbiz - Page: 4 of 5 2023-05-10 13:24:52 GMT 14076122181 From: EMERSON CORREA

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|--------------------------|----------------|
| MGR | KARINA BARBARO GALDAO | 5451 MILLENIA LAKES BLVD | 🗆 Add |
| | | APT 380 | |
| | | ORLANDO, FL 32839 | □ Change |
| | | | □ Add |
| | | | □Remove |
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| Effective date, if other than the defence of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep | he specific and cannot be prick does not meet the app | ior to date of filing or i licable statutory fili | ing requirements, this | filing.) Pursuant to 605. | .0207 (ed as ti |
| record specifies a delayed effective of is filed | date, but not an effective | : time, at 12 (1) a.m | , on the carlier of (h) |). The 90th day after | rthe |
| MAYO | 2023 | | | | |
| Dated MA 1 9 | · | | | | |
| Dated MAY 9 | | CELO CRUZ | | | |

Filing Fee: \$25.00