

18000249457
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H20000128118 3)))



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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIDEOBRAX LLC

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

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2020 MAY -1 PM 12: 21

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TALLAHASSEE OFFICE

2020 MAY -1 AM 10: 33

ARTICLES OF AMENDMENT H20000128118 3
TO
ARTICLES OF ORGANIZATION
OF

VIDEOBRAX LLC

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

2020 MAY -1 4:10:33
SECRET

The Articles of Organization for this Limited Liability Company were filed on 10/23/2018 and assigned
Florida document number L18000249457

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOPRESENCE LLC

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)

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

City, Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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<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
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_____	_____	_____	<input type="checkbox"/> Change

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 SUNBIZ
 STATE OF FLORIDA
 TALLahassee, FL 32310

