

# LI8000249457

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

2020 JUL 10 AM 10:42  
FILED

**\*\*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  
GOPRESENCE LLC

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

*Amend*

JUL 10 2020  
TALBERTON

RECEIVED  
2020 JUL 10 PM 1:08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

H20000218484 3

**SUBJECT:** GOPRESENCE 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 219

\_\_\_\_\_  
Address

ORLANDO, FL 32835

\_\_\_\_\_  
City/State and Zip Code

EMERSON@ICONNECTSC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

407 863-4896

at ( )

\_\_\_\_\_  
Name of Person

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

H20000218484 3

GOPRESENCE 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 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:

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)

Blank lines for entering principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for entering mailing address.

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:

Blank line for entering name of new registered agent.

New Registered Office Address:

Blank line for entering new registered office address.

Enter Florida street address

Blank lines for entering city, state (Florida), and 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

2020 JUL 10 11:10 AM FILED

H20000218484 3

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>               | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|---------------------------|--------------------------|--|
| AMBR         | MARCONY SILVA CRUZ        | 6735 CONROY ROAD STE 219 | <input type="checkbox"/> Add               |
|              |                           | ORLANDO, FL 32835        | <input checked="" type="checkbox"/> Remove |
|              |                           |                          | <input type="checkbox"/> Change            |
| AMBR         | LILIAN LAILA RODRIGUES CR | 6735 CONROY ROAD STE 219 | <input type="checkbox"/> Add               |
|              |                           | ORLANDO, FL 32835        | <input checked="" type="checkbox"/> Remove |
|              |                           |                          | <input type="checkbox"/> Change            |
| AMBR         | EXCEL ENTERPRISES LLC     | 16192 COASTAL HIGHWAY    | <input checked="" type="checkbox"/> Add    |
|              |                           | LEWES, DELAWARE 19958 US | <input type="checkbox"/> Remove            |
|              |                           |                          | <input type="checkbox"/> Change            |
|              |                           |                          | <input type="checkbox"/> Add               |
|              |                           |                          | <input type="checkbox"/> Remove            |
|              |                           |                          | <input type="checkbox"/> Change            |
|              |                           |                          | <input type="checkbox"/> Add               |
|              |                           |                          | <input type="checkbox"/> Remove            |
|              |                           |                          | <input type="checkbox"/> Change            |
|              |                           |                          | <input type="checkbox"/> Add               |
|              |                           |                          | <input type="checkbox"/> Remove            |
|              |                           |                          | <input type="checkbox"/> Change            |

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

REMOVING MARCONY SILVA CRUZ AND LILIAN LAJLA RODRIGUES CRUZ AS A AMBR

ADDING EXCEL ENTERPRISES LLC AS AMBR

Multiple horizontal lines for additional amendments.

**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: (h) The 90th day after the record is filed.

Dated JULY 9 2020

Signature of a member or authorized representative of a member

MARCONY SILVA CRUZ

Typed or printed name of signer