

L19000051382

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

{(H24000014406-3)}



-24000014406-3-

Note: DO NOT hit the RTTRESH707 (OAT) button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number: (850)617-5383

From: Account Name: ICONNECT SOLUTIONS CORP  
Account Number: 1261900001172  
Phone: (407)562-0096  
Fax Number: (407)612-0781

\*\*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/RES FATE/CORRECT OR M/MG RESIGN  
HCBR INVESTMENTS LLC

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

FILED  
2024 JAN 12 PM 4:01  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED  
2024 JAN 12 PM 3:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K. SALY  
JAN 16 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HCBR INVESTMENTS 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 300

---

Address

ORLANDO, FL 32835

City/State and Zip Code

CONTACT@ICONNECTSC.COM

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

For further information concerning this matter, please call:

EMERSON CORREA

407

863-0096

al ( )

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

HCBR INVESTMENTS LLC

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

FILED  
2024 JAN 12 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/21/2019 and assigned  
Florida document number L19000051382.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17070 WATER SPRING BLVD

WINTER GARDEN FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17070 WATER SPRING BLVD

WINTER GARDEN FL 34787

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

City

Florida 32835

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:

MGR = Manager  
AMBR = Authorized Member

| Title | Name                           | Address                | Type of Action                             |
|-------|--------------------------------|------------------------|--------------------------------------------|
| AMBR  | JOSE HUMBERTO DA COSTA         | 4805 DEDICATION STREET | <input checked="" type="checkbox"/> Add    |
|       |                                | KISSIMMEE, FL 34746    | <input type="checkbox"/> Remove            |
|       |                                | 4805 DEDICATION STREET | <input type="checkbox"/> Change            |
| AMBR  | LARISSA MORAIS DA COSTA        | KISSIMMEE, FL 34746    | <input checked="" type="checkbox"/> Add    |
|       |                                |                        | <input type="checkbox"/> Remove            |
|       |                                |                        | <input checked="" type="checkbox"/> Change |
| AMBR  | DA COSTA JUNIOR, JOSE HUMBERTO | 4805 DEDICATION STREET | <input type="checkbox"/> Add               |
|       |                                | KISSIMMEE, FL 34746    | <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            |

FILED  
2024 JAN 1 PM 3:01  
TALLAHASSEE, FL 32309

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

ADDING THE AMBR JOSE HUMBERTO DA COSTA

4805 DEDICATION STREET

KISSIMMEE, FL 34746

ADDING THE AMBR LARISSA MORAIS DA COSTA

4805 DEDICATION STREET

KISSIMMEE, FL 34746

CHANGING THE AMBR JOSE HUMBERTO DA COSTA JUNIOR ADDRESS TO:

4805 DEDICATION STREET KISSIMMEE, FL 34746

2024 JAN 12 PM 4: 01  
CLERK OF DISTRICT COURT  
KISSIMMEE, FLORIDA

FILED

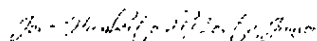
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

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

Dated JANUARY 04, 2024



Signature of a member or authorized representative of a member

JOSE HUMBERTO DA COSTA JUNIOR

Typed or printed name of signee