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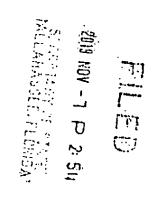
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

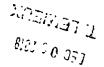
Office Use Only



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COVER LETTER

Division of Cor	porations		
AURUM A SUBJECT:	UCTUS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EMERSON CORREA		
		Name of Person	
	ICONNECT SOLUTIONS	CORP	
	-	Firm/Company	
	6735 CONROY ROAD SU	JITE 219	
		Address	
	ORLANDO , FLORIDA ,	32835	
	EMERSON@ICONNECTS	City/State and Zip Code GC.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	ill:	
EMERSON CORREA		407 863-0096	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE STATE OF THE S

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ited Liability Company as it n	ow appears on our records.)
Liability Company wara fil	2013 ROV = 1 P 2: 511 and an 03/11/2019 and assigned
Liabiniy Company were in	SECRETARY OF CALARY
·	MÉLAHÁSSEÉ FEORICA
llowing:	
of the limited liability con	npany here:
words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
, ,	
icable:	
ET ADDRESS)	
E BOX)	
	
	dress on our records, enter the name of the r
office address here:	
ICONNECT SOLUTIO	NS CORP
6735 CONROY ROAD	SUITE 219
	Enter Florida street address
ORLANDO	, Florida 32835
City	Zip Code
	words "Limited Liability Comp icable: ET ADDRESS) Alor registered office adoffice address here: ICONNECT SOLUTIO 6735 CONROY ROAD ORLANDO

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
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	 ,		
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change

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			···			
			•			
Effective	e date, if other than the	date of filing:			(optional)	
Note: If	e date, if other than the tive date is listed, the date mu the date inserted in this blant's effective date on the D	lock does not meet t	the applicable stat	filing or more than 9 utory filing require	days after filing.) Purs ments, this date will i	uant to 605.0207 (not be listed as t
	rd specifies a delayed Oth day after the rec		, but not an ef	fective time, at	12:01 a.m. on t	he earlier of
Oated _	CTOBER 7TH	20)19			
		11.				
		NO.	uh-c	_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00