L1900 155 043

(Re	questor's Name)	
(//e	questor s marrier	
	dress)	
(, , ,		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
/Ru	siness Entity Nar	mal .
(bu	Siliess Citity Nai	ne,
(Do	cument Number)	
,	·	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



80033430788

0 × 17/13 -- €1.. -- 5 5 *

R WHITE. SEP 26 2019 798 2.17 PH 3: 14

COVER LETTER

то:	Registration Se Division of Cor			
	BUGCONT	TENT LLC		
SUBJE.	СТ:	Name of Line	ited Liability Company	
		Amendment and fee(s) are sub-	- -	
i iedse i	etan an correspo	EMERSON CORREA	to the following.	
		ICONNECT SOLUTIONS	Name of Person CORP	
		6735 CONROY ROAD . S	Firm/Company JUITE 219	
		ORLANDO , FLORIDA , :	Address 32835	
		EMERSON@ICONNECTS		
For furt	her information e	E-mail address: (oncerning this matter, please ca	to be used for future annual report nall:	otification)
EMERS	SON CORREA		407 863-0096	
	Name o	f Person	Area Code Day	time Telephone Number
Enclose	d is a check for th	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 enclos
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

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

- TO:

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

TO ARTICLES OF ORGANIZATION OF

BUGCONTENT LLC

2019 SEP 17 PH 3: 1

(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 $\frac{06/11/2019}{}$ anc Florida document number 4.19000155043 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 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 nan registered agent and/or the new registered office address here: ICONNECT SOLUTIONS CORP. Name of New Registered Agent: 6735 CONROY ROAD , SUITE 219 New Registered Office Address: Enter Florida street address

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confifm that the limited liad company has been notified in writing of this change.

ORLANDO

If Changing Registered Agen Signature of New Registered A

Page 1 of 3

Cinv

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Ty</u>
MGR	NICOLLAS MACIEL SOARES VERNECK	5300 WILDFLOWER RD ORLANDO FLORIDA 32821	
			0।
			C
			C
			A
			R
			C
			A
			R.
			C1

	
-	
ctive date, if other than the date of	f filing: (optional)
	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant t
	s not meet the applicable statutory filing requirements, this date will not be
ment's effective date on the Departme	nt of state's records.
ecord specifies a delayed effect	tive date, but not an effective time, at 12:01 a.m. on the e
e 90th day after the record is i	
SEPTEMBER 5TH	2019
SEPTEMBER 5TH	
	A
Signatur	re of a member or authorized representative of a member
M course Dat	Typed or printed name of signed
	Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00