

**L19000199045**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

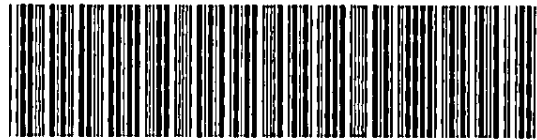
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Received faxed corrections  
on 10/21/19 with corrected Entity  
name.*

Office Use Only



**400334939134**

10/02/19--01022--006 \*\*25.00

S TALLENT

OCT 21 2019

*Head  
MLC*

**FILED**  
2019 OCT 21 PM 5:37  
CLERK OF STATE  
OFFICE OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2019

EMERSON CORREA  
ICONNECT SOLUTINS CORP  
6735 CONROY ROAD SUTIE 219  
ORLANDO, FL 32835

SUBJECT: FABRE & FERREIRA LLC  
Ref. Number: L19000199045

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE DOCUMENT NUMBER OF THE NAME CONFLICT IS P04000103460.

PLEASE PLACE THE EMPLOYEE IDENTIFICATION NUMBER ON PAGE 3 OF 3 UNDER LETTER D. AND KEEP THE IRS FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 319A00021610

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FABRE & FERREIRA 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 SUITE 219

\_\_\_\_\_  
Address

ORLANDO , FLORIDA, 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

407 863-0096  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**  
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

Rec  
10/21/2019

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABRE &amp; FERREIRA 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 08/6/2019 and assigned  
Florida document number L19000199045.

This amendment is submitted to amend the following:

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

FERREIRA &amp; FONSECA HOMES 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

Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZENON SIDINY FABRE JUNIOR	1381 PALMETTO DUNES ST DAVENPORT, FL 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ATANISA PAIVA SANTOS	1381 PALMETTO DUNES ST DAVENPORT, FL 33896	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

F. 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 SEPTEMBER 23RD 2019

Zaron Sidney Faby Junior  
Signature of a member or auth

Signature of a member or authorized representative of a member

ZENON SIDINY FABRE JUNIOR

Typed or printed name of signee