5/30/23, 10:40 AM

Division of Corporations

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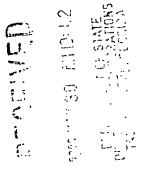
From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 Fax Number : (407)612-2181

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help S. ROBERTS MAY 3 1 2023

COVER LETTER

Division of Cor	porations
CONTRACTOR CONTRACTOR	NATIONAL INVESTMENT LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filling.
Please return all correspo	ndence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm/Company
	6735 CONROY ROAD STE 309
	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 co	oncerning this matter, please call:
EMERSON CORREA	407 863-0096 at ()
Name of	

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

LG INTERNATIONAL INVESTMENT LLC			
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our records. Liability Company)	,)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000211087</u>	were tiled on 08/19/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Cannage " the decimation "I I C"	or the abbanciation "LLC"	
	3677 CASSIA DR	of the aboreviation E.L.C.	
Enter new principal offices address, if applicable:	ORLANDO, FL 32828		
(Principal office address MUST BE A STREET ADDRESS)	OREANDO, PD 32828	- +	
			
	2/72 C+ CC+ DD	0	
Enter new mailing address, if applicable:	3677 CASSIA DR		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registers	
agent and/of the new registered office address nere.			
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	H am familiar with and S. Or, if this document is	
Īf Cha	nging 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>	Name	Address	Type of Action
AMBR	MOREIRA CARNEIRO, GUSTAVO	3677 CASSIA DR	□Add
		ORLANDO, FL 32828	□Remove
AMBR ABREU DE ALMEIDA, LEONARDO	ABREU DE ALMEIDA, LEONARDO	3677 CASSIA DR	□Add
		ORLANDO, FL 32828	□Remove
		DAdd	
			□ Remove
			🗆 Change
		□Remove	
			□ Change
			DAdd
			Remove
			□Change
			□Add
			Remove
			□Change

From: EMERSON CORREA

Typed or printed name of signee