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Division of Corporations

L19 000212823

Florida Department of State
Division of Corporations
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(((H22000356345 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP
Account Number : I20190000122
Phone : (407)863-0096
Fax Number : (407)612-2181

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SECRETARY OF STATE
TALLAHASSEE, FL

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Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DESTINATIONS HOUSE LLC**

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C. BRUMBLEY

OCT 19 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

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SUBJECT: DESTINATIONS HOUSE 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 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 concerning this matter, please call:

EMERSON CORREA

407 8630096
at ()

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

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DESTINATIONS HOUSE 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 08/20/2019 and assigned
Florida document number 119000212823.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6735 CONROY ROAD STE 309

ORLANDO, FL, 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6735 CONROY ROAD STE 309

ORLANDO, FL, 32835

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, Florida 32835

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.

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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GABRIELLA HADDAD ABDUL MASSIH	RUA PINTASSILGO 91 APT 2101	<input type="checkbox"/> Add
		SAO PAULO, SP 04514-030 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEDRO HENRIQUE HADDAD ABDUL MASSIH	RUA PINTASSILGO 91 APT 2101	<input type="checkbox"/> Add
		SAO PAULO, SP 04514-030 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE HADDAD ABDUL MASSIH	RUA PINTASSILGO 91 APT 2101	<input type="checkbox"/> Add
		SAO PAULO, SP 04514-030 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GPFL ORLANDO HOUSE LLC	16192 COASTAL HIGHWAY	<input checked="" type="checkbox"/> Add
		LEWES, DELAWARE, 19958	<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
			<input type="checkbox"/> Change

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

CHANGING COMPANY ADDRESSES

REMOVING MEMBERS GABRIELLA HADDAD ABDUL MASSIH, PEDRO HENRIQUE HADDAD

ABDUL MASSI AND FELIPE HADDAD ABDUL MASSIH

ADDING MEMBER GPFL ORLANDO HOUSE LLC

CHANGING REGISTERED AGENT

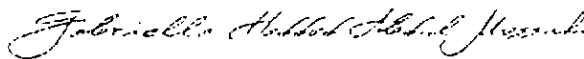
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 OCTOBER, 11 2022



Signature of a member or authorized representative of a member

GABRIELLA HADDAD ABDUL MASSIH

Typed or printed name of signer