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το:	Division of Com-		_
	Division of Corp	poracions	
	Fax Number	: (850)617-6383	
From:			•
	Account Name	: ICONNECT SOLUTIONS CORP	
	Account Number	: I20190000122	-
	Phone	: (407)863-0096	
	Fax Number	: (407)612-2181	[] -
- .			•

BROY LO AMID:

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

mail Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MFO SERVICES USA LLC

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COVER LETTER

TO: Registration Se Division of Cor	
1 * (E) 4 13 × 3/E?	/ICES USA LLC
SUBJECT:	Name of Limited Liability Company
The analoged Activities of	Amendment and fee(s) are submitted for filing.
Please return all correspo	indence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm/Company
	6735 CONROY ROAD STE 219
	Address
	ORLANDO, FL 32835
	City/State and Zip Code
	EMERSON@ICONNECTSC.COM
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
EMERSON CORREA	407 \$63-0096 at ()
Name o	of Person Area Code Daytime Telephone Number

MailingAddress:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 StreetAddress:

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

MFO SERVICES USA LLC				
(Name of the Limited Liability Comn: (A Florida Limited	iny as it now appears or Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company lorida document number $\frac{E19000270798}{E19000270798}$	were filed on 10:29/.	2019	_ andassi	gned
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbru	eviation "L.!	IC."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u></u>	2020 NO	
			/ 10	;
nter new mailing address, if applicable:				<u>(~;~</u> ;
Mailing address MAY BE A POST OFFICE BOX)			==	;1
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				.,.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name (</u>	of the nev	v regis
Name of New Registered Agent:				
-				
Name of New Registered Agent: New Registered Office Address:	Enter Florida	street address		
	Enter Florida		Zip Code	

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 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
CFO	MARCOS FELIPE DO CARMO SILVA	7664 SUGAR BEND DRIVE		□ Add
		ORLANDO, FL 32819		\(\exists Remove
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fective date, if other than the dat	e of filing:		(option:	ıl)	
n effective date is listed, the date must be state. If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior t does not meet the applica	o date of filing or more table statutory filing re	han 90 days after fili	ng.) Parse	ant to 605,020 of be listed (
ecord specifies a delayed effective da is filed.	te, but not an effective tir	ne, at 12 01 am on t	he carlier of: (h)	The 90th	i day after th
november 09	2020	-			

Typed or printed name of signee