

L1900001236403 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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

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

Email Address: emerson@iconnectsc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIBER CONNECT USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2020 APR 28 AM 11:51

O SIMMONS

APR 29 2020

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: FIBER CONNECT USA 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 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

2020 APR 28 AM 11:04

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TIELLE A DRYSDALE	2000 S RAINBOW STE 108	☐ Add
		LAS VEGAS, NV 89146-2827	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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

CHANGING THE TITLE FROM MANAGER TO AMBR

2020 APR 28 AM 11:01

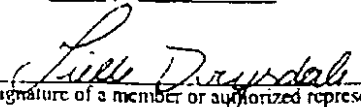
E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 23, 2020


Signature of a member or authorized representative of a member

TIELLE A DRYSDALE

Typed or printed name of signer

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