Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : ICONNECT SOLUTIONS CORP

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

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

| Email | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DE PAULA'S, LLC

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

| | Division of Corporations H2000016521 |
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| SUBJE | DE PAULA'S. ELC |
| 50/001. | Name of Limited Liability Company |
| The enc | osed Articles of Amendment and fee(s) are submitted for filing. |
| Please n | turn 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 furt | er information concerning this matter, please call: |
| EMERS | ON CORREA 407 863-0096 |
| | Name of Person Area Code Daytime Felephone Number |

MailingAddress;

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

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| DE PAULA'S, LLC | | | |
|--|---|---|--------------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | omnany a <u>vit now appear</u> ited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L19000285212}{L19000285212}$. | oany were filed on $\frac{11}{2}$ | /26/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company he | ere: | |
| F SWEET HOME LLC | | | |
| The new name must be distinguishable and contain the words "Limited l | Liability Company," the d | lesignation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u>s)</u> | | |
| | | | |
| | | ASS | 5 00. |
| Enter new mailing address, if applicable: | | 1, 27 | ر آ |
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| (Mailing address MAY BE A POST OFFICE BOX) | - | <u> </u> | 2 |
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| D. 10 | Gas adduses on our m | annude anton the name | - : |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | nce address on our r | ecords, enter the name | ာနာ သ |
| | | | ω |
| Name of New Registered Agent: | | | |
| N | | | |
| New Registered Office Address: | Enter Flo | rida street address | |
| | | . Florida | |
| | Ciţ | | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | gent: | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | olete performance of t as provided for in G | Tmy duties, and I am fa Chapter 605, F.S. Or, ij | miliar with and Tthis document is |
| If | Changing Registered As | gent, Signature of New Regi | stered 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 |
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