Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000368093)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 : (407)863-0096 Phone 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:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STORGE PARTNERS USA LLC

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K. SALY JAN 3 1 2022 Page: 2 of 5

From: EMERSON CORREA

COVER LETTER

\$TORGE ቦ. SUBJECT:	ARTNERS USA LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
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 \$630096 at ()
Name of	

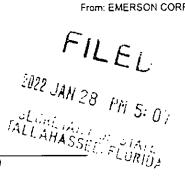
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MailingAddress:

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**



STORGE PARTNERS USAILLO

(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 $\frac{0}{2}$	01/30/2020	andassigned
Florida document number L20000036392			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Farse F	Torida street ada	drave
	Cav	·	Florida
New Registered Agent's Signature, if changing Registered Agent:	• <u>•</u>		
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.	ree to act in thi performance provided for in	of my duties 1 Chapter 60	, and I am familiar with and)5, F.S. Or, if this document is
If Cha	inging Registered	Agent, <u>Signatu</u>	re 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

To: +18506176383

<u>Title</u>	Name	Address	Type of Action
AMBR	DBBI FIRENZE LTD	PO BOX 146 WICKHAMS CAY	■Add
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		BRITISH VIRGIN ISLANDS	☐ Change
			□Add
			Change Condition
			SS DAdd T
			Add F. S. O. Remove
			□Change
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