7/15/2021

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 : (407)863-0096 Phone : (407)612-2181 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARLTEL LLC



Certificate of Status Certified Copy 10 Page Count \$25.00 Estimated Charge

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Help

COVER LETTER

	Registration Sect Division of Corpo				
air ir c	CARLTEL LLC T: Name of Limited Liability Company				
SO BO EX.					
The encl	osed Articles of Ai	mendment and fee(s) are submitted for filing.			
Please re	turn all correspond	ence 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 furth	er information cor	cerning this matter, please call:			
EMERS	ON CORREA	407 863 0096 at (
	Name at I	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

		ORLANDO	Florida_	3283. Zin Cod	·	
	Enter Floridu street address			2703		
New Registered Office Address:	6735 CONR	OY ROAD STE 309	- Advance	 		
Name of New Registered Agent:	ICONNECT SOLUTIONS CORP					
agent and/or the new registered office address				CORES	5	
B. If amending the registered agent and/or re	gistered office :	address on our reco	rds, enter the na	ு _{ழு} me of the L	िमा Ew register	
			<u> </u>	80 b	3 ==	
(Mailing address MAY BE A POST OFFICE B	3 <u>ON)</u>	KISSIMMEE, FL 3	4741 US	2	- - -	
Enter new mailing address, if applicable:		2905 GRAFTON D	R	Z Z	283	
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>					
Enter new principal offices address, if applica		MICCINAMED DI 21741 DC				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 2905 GRAFTON DR						
IRDCLEAN LLC	ols "Limited Liabi	lity Company " the design	ration "LLC" or the	abbreviation "	L.L.C."	
A. If amending name, enter the new name of	the limited liab	ility company here:				
This amendment is submitted to amend the follow						
Florida document number L20000040581	····································					
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{02/04/2}{2}$	<u> </u>	and as	signed	
(Name of the Limited	A Florida Limited	ny as it now appears on liability Company)	((d) 1500 (35)			

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.

THE RSON CORRECT

If Changing Registered Agent, Signature of New Registered Agent

To: 18505176383

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2021-07-22 19.52:15 GMT

14076122181

From: EMERSON CORREA

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
MGR_	ISMAEL DA ROSA DANIEL	2905 GRAFTON DR	□Add
		KISSIMMEE, FL 34741	Петюче
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐ Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			□Change

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

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From; EMERSON CORREA