

L 20000072731

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000305368 3))



H200003053683ABC.

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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

2020 SEP -2 P 1:29

EMERSON

**\*\*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  
2615 EMERALD ISLAND LLC**

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

2020 SEP -2 PM 1:11

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2615 EMERALD ISLAND LLC H20000305368 3  
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  
ICONECT 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 at (407) 863-0096  
Name 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

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2615 EMERALD ISLAND LLC

(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 03/05/2020 and assigned Florida document number L20000072731

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Form with three horizontal lines for address entry and a vertical stamp on the right that reads 'FILED' and '2020 SEP -2 PM 1:29'.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the state, with 'Florida' pre-filled.

City

Zip Code

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.

If Changing Registered Agent, Signature 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:

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIOGO BARROS FERNANDES	1004 BELL AVE	<input checked="" type="checkbox"/> Add
		OLD BRIDGE, NJ 08857	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADDING A NEW MEMBER

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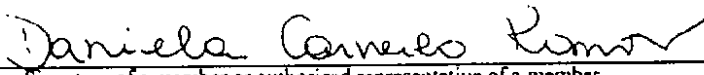
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 SEPTEMBER 1, 2020



Signature of a member or authorized representative of a member

DANIELA CARNEIRO RAMOS

Typed or printed name of signer