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	Fax Number	: (850)617-6383	Fa t n
rom:			
	Account Name	: ICONNECT SOLUTIONS CORP	52 G
	Account Number	: 120190000122	Re- T
	Phone	: (407)863-0096	
	Fax Number	: (407)612-2181	
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ed for future 👳 Enter the email address for this business entity to be us , , t S annual report mailings. Enter only one email address please.**

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NONATO SERVICES LLC

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14076122181

COVER LETTER

TO: Registration Section Division of Corporations

NONATO SERVICES LLC

SUBJECT:

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 RD STE 309

Address

ORLANDO, FL 32835

City/State and Zip Code

BUSINESS@ICONNECTSC.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

Name of Person

407 8630096 _ at (_____) ____ Area Code _____Day

e Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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nbiz	Page: 3 of 5	2024-06-13 19:41:33 GMT	14076122181	From: EMERSON CORREA
		ARTICLES OF AM TO	IENDMENT	FILED
; !		ARTICLES OF ORC	GANIZATION	FILED 2024 JUN 13 PM 1:56
	NONATO SERVICES LI	LC		SECULINING PH 1:56
}	(<u>Name o</u>	(A Florida Limited Liability Company as (A Florida Limited Liabil	it now appears on our records,) ity Company)	
The Article	s of Organization for this I	imited Liability Company were	e filed on	and assigned
Florida doc	cument number			
This amend	lment is submitted to amen	d the following:		
A. If amer	nding name, enter the new	name of the limited liability	company here:	
	6 : <u></u>			
The new nam	e must be distinguishable and ec	ntain the words "Limited Liability Co	ompany." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new	principal offices address,	if applicable:		
<u>(Principal</u>)	office address MUST BE A	<u> 1 STREET ADDRESS)</u>		
		_		
Enter new	mailing address, if applic	able:		
(Mailing a	ddress MAY BE A POST ()FFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		_	== ==	
	nding the registered agent for the new registered offi	and/or registered office addr ce address here:	ess on our records, <u>enter th</u>	e name of the new registered
<u>N</u>	ame of New Registered Ag	ent:		
<u>N</u>	ew Registered Office Addr	<u>cw</u> :	Enter Florida street address	
				. .
			, Flor	Ida 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

14076122181

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

Title	Name	Address	Type of Action
MGR	LUIS VINNI NONATO DE LIMA	2532 TANNER TERRACE	Add
		KISSIMME. FL 34743	🗆 Remove
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	d specifies a delayed effective date, but not an effective time, at 12:01 a million the earlier of: (b) The 90th day after the	

Dated	. 2024
	Signature of a member or authorized representative of a member
	LIEGE DA CUNHA NONATO
	Typed or printed name of signee