

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L20000027660031571**

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : ICONNECT SOLUTIONS CORP  
 Account Number : 120190000122  
 Phone : (407)863-0096  
 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: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 SCT 8, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 AUG 16 AM 8:46

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 AND  
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2022 AUG 16 AM 10:55

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AUG 17 2022

K. Brumbley

COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: SCT S, LLC  
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 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 concerning this matter, please call:

EMERSON CORREA

407

863 0096

at ( )

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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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SCT 8, 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 03/27/2020 and assigned  
Florida document number L20000091571.

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:

6735 CONROY ROAD STE 309

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL, 32835

Enter new mailing address, if applicable:

6735 CONROY ROAD STE 309

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL, 32835

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:

New Registered Office Address:

Enter Florida street address

Florida

City

APPROVED  
AND  
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2022 AUG 16 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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:

MGR = Manager  
AMBR = Authorized Member

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[illegible]

### CHANGING MAILING AND PRINCIPAL ADDRESS

Typed or printed name of signee