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From:

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Account Number : I20190000122

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Bunbiz	Page 2 of 5		2020-09-	14 17:47:39 (G	MT)	14076122181 From
			. COV	ER LETTE	ER	v
TO:	Registration Se Division of Cor					H20000319223 3
SUBJ	FLAMAGI ECT:	J INVESTMENTS				
			Name of Limited Liab	ility Company		
			ee(s) are submitted f			
	·	EMERSON C	ORREA			
			N	ame of Person		Nation 1
		ICONNECT S	OLUTIONS CORP			
			ŀ	irm/Company		
		6735 CONRO	Y ROAD STE 219			
				Address		
		ORLANDOJE	L 32835			
			City/	State and Zip Cod	c	· · · · · · · · · · · · · · · · · · ·
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EME	RSON CORREA			at (63-0096 Daytime Teleph	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 StreetAddress:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

14076122181 From: EMERSON CORREA

To: Sunbiz Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2003 - 14 MID: 09

H20000319223 3

(A Florida Limited L	ny as it now appears on our records liability Company)	. .
he Articles of Organization for this Limited Liability Company lorida document number <u>L20000112054</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3180 PARADOX CIR UNIT 10	1
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34746 US	
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>enter (</u>	the name of the new reg
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	,
	Enter Florida street address	

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 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 H20000319223 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARIA RITA R MARTINS DA COSTA	RUA JOSE DANTAS FREIRE FILHO, 120	= Add
		NITEROI, RJ 24350700 BR	□Remove
			□ Change
AMBR	ANTONIO AUGUSTO R M DA COSTA	RUA GOIAS, 467 APT 104 FUNDINHO/CENTRO	= Add
		UBERLANDIA, MG 38400-064 BR	□Remove
			□Change
			🗆 Add
			□Remove
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