Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000308461 3)))



H200003084613ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8!

: (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 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 BORA BORA GO LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER SEP 0 8 2020 SE THE LABA DE STATE
SE THE LABA DE STATE
THE LA

### **COVER LETTER**

то:	Registration Sec Division of Corp		H20000308461 3	
our in	BORA BOR			
SUBJE	CT:	Name of Limited Liability Compa	ıny	
The enc	closed Articles of A	mendment and fee(s) are submitted for filing.		
Please r	eturn all correspon	dence concerning this matter to the following:		
		EMERSON CORREA		
		Name of Pen	son	<b>-</b>
		ICONNECT SOLUTIONS CORP		
		Firm/Compa	my	<b></b>
		6735 CONROY ROAD STE 219		
		Address		<b>-</b>
		ORLANDO, FL 32835		2 × × × × × × × × × × × × × × × × × × ×
		City/State and Zi	p Code	- 08 A
		EMERSON@ICONNECTSC.COM	_	
		E-mail address: (to be used for future	annual report notification)	
For fui	ther information co	ncerning this matter, please call:		77 P. S.
EMER	SON CORREA	407	8630096	豆蔻

Area Code

MailingAddress: Registration Section Division of Corporations P.O. Box 6327

Name of Person

Tallahassee, FL 32314

StreetAddress:

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

Daytime Telephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20000308461 3

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{120000157843}{120000157843}$	were filed on <u>06/09/2020</u>	and assigned
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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L. L.C."
Enter new principal offices address, if applicable:	2295 S Hiawassee Rd - Suite 104	
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32835	
		<del>20</del> 75
		B 15
Enter new mailing address, if applicable:	2295 S Hiawassee Rd - Suite 104	<u>م بند</u> منظر منظر منظر منظر منظر منظر منظر منظر
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 32835	
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	nme of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and Fa provided for in Chapter 605, F.S. (	m jamuuar wun ana Dr, if this document is
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

### H20000308461 3

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			DChange
			□Remove
			☐ Change
			□ Add
			□Remove
		<u></u>	□Add
		□Remove	
			□Change
			□Add
			□Reniove
			□ Channa

### H20000308461 3

If amending any other informa CHANGING PRINCIPAL A		(Attach additional	sheets, if necessary.)	
CHANGING FRINCIPAL A	ND WAIDING ADDRESS			
				<del></del>
				<del></del>
				<del></del>
				<del>,</del>
			<del></del>	
Effective date, if other than the (If an effective date is listed, the date into Note: If the date inserted in this bedocument's effective date on the L	lock does not meet the applica	inte statutory minig re	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	to 605,0207 Se listed as t
he record specifies a delayed effecti ord is filed.	ve date, but not an effective tie	me, at 12:01 a.m. on 1	the earlier of: (b) The 90th da	y after the
Dated SEPTEMBER 2	. 2020	····· -		
<del></del>	Signature of a member or author	orized representative of	a member	
	RICARDO HAB	BIB CHAHADE		
		ed name of signee		_