3/23/22, 10:57 AM

Division of Corporations

## Florida Department

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(((H220001072613)))



H220001072613ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 : (407)863-0096 Phone : (407)612-2131 Fax Number

\*\*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 VISTA LAGO DEVELOPMENT, LLC

Certificate of Status	0
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2022 HAR 2.3

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Help

## **COVER LETTER**

H22000107261 3

VISTA LA SUBJECT:	GO DEVELOPMENT, LLC
sebiber:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fec(s) are submitted for filing.
	ondence 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
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 Page: 3 of 5

From: EMERSON CORRE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000107261 3

VISTA LAGO DEVELOPMENT, L			
(Name of the Limit)	d Liability Company as it now appears A Florida Limited Liability Company)	nn our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L20000209067</u>	ability Company were filed on <u>07/1</u>	17/2020	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	signation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<del></del>	2022
(Principal office address MUST BE A STREET ADDRESS)			R 2 7
Enter new mailing address, if applicable:			CED AM
(Mailing address MAY BE A POST OFFICE BOX)			99
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office address on our ross here:	ecords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:	ICONNECT SOLUTIONS COF	RP	
New Registered Office Address:	6735 CONROY ROAD, STE 30 Enter Flor	09 oda street address	
	ORLANDO	, Florida	32835
	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.

THE RISDING OF AT 4

From: EMERSON CORRE.

□ 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:

14076122181

H220001072613

MGR = Manager AMBR = Authorized Member			H22000107261 3
<u>Title</u>	Name	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			Remove
			□Change
			□ Remove
			□Change
			□Remove

To. +18506176383

CHANGING REGISTERE	D AGENT			
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				<del></del>
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