To: 18506176383

Page: 1 of 5

2021-07-07 20:53:02 UTC

14076122181

From: EMERSON CORREA

Division of Corporations



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.

(((H21000254448 3)))



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 : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 : (407)863-0096 Phone : (407)612-2181 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

ڹ

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAVEHOLIDAYS LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



#### From: EMERSON CORREA

### **COVER LETTER**

71 HOLIDAYS LLC  Name of Limited L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name of Limited L	1 1 111 70		
	лавинту Сотрану		
cles of Amendment and fee(s) are submitte	d for filing.		
orrespondence concerning this matter to the	e following:		
EMERSON CORREA			
	Name of Person		
ICONNECT SOLUTIONS CO	RP		
	Firm Company		
6735 CONROY ROAD STE 30	99		
	Address		
ORLANDO, FL 32835			
		ode	
		nual report notification)	
nation concerning this matter, please call:			
REA	407 at (	863 0096	A.
Name of Person	Area Code	Daytime Telephone Number	FILED 2021 JUL -8 AH 6: 1 SECRETARY SEE: FLORID;
	EMERSON CORREA  ICONNECT SOLUTIONS COM  6735 CONROY ROAD STE 30  ORLANDO, FL 32835  Ci EMERSON@ICONNECTSC.CC	Name of Person  ICONNECT SOLUTIONS CORP  Firm/Company  6735 CONROY ROAD STE 309  Address  ORLANDO, FL 32835  City/State and Zip Company  E-mail address: (to be used for future and partion concerning this matter, please call:  IREA  407  at ()	EMERSON CORREA  Name of Person  ICONNECT SOLUTIONS CORP  Firm/Company  6735 CONROY ROAD STE 309  Address  ORLANDO, FL 32835  City/State and Zip Code  EMERSON@ICONNECTSC.COM  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  IREA  407  863 0096

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

To: 18506176383

'Page: 3 of 5

2021-07-07 20:53:02 UTC

14076122181

H21000254448 3

From: EMERSON CORREA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAVI HOLIDAYS 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 12/04/2020 \_\_\_\_\_ and assigned Florida document number <u>L20000380372</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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.

To: 18506176383 Page: 4 of 5 2021-07-07 20:53:02 UTC 14076122181 From: EMERSON CORREA

# 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 H21000254448 3

<u>Title</u>	Name	Address	Type of Action
MGR	GABRIEL KUNHARSKI CARDOZO	5216 NW 28TH ST	
•		MARGATE, FL 33063	■Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			☐Remove
			☐ Change
			□Aḍd
			□Remove
			□Change
			□Add
			Remove
			□Change

From: EMERSON CORREA

## H21000254448 3

<u> </u>		
		-
		500 00
		1.00 <b>22</b>
		SS:0 - F
	<del></del>	
		- C
	_	
ffective date, if other that an effective date is listed, the da vote: If the date inserted in t	n the date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.020 tling requirements, this date will not be listed a
locument's effective date on	the Department of State's records.	
		and the state of t
record specifies a delayed et d is filed	fective date, but not an effective time, at 12:01 a.i	n, on the eather of (n) The your day after the
Dated JUNE 30	. 2021	
	Magnicio Schbiech Pereira	
	Signature of a member or authorized representa	tive of a member
	MAURICIO SELBACH PEREI	A G