

5/18/2021

Division of Corporations

Florida Department of State
Division of Corporations
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(((H21000199342 3)))



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To:

Division of Corporations
Fax Number : (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
COMPLEX SERVICES BR LLC

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SECRETARY OF STATE

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TALLAHASSEE, FL

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: COMPLEX SERVICES BR 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 319

Address

ORLANDO, FL 32835

City/State and Zip Code

EMERSON@ICONNECTSC.COM

E-mail address: (to be used for future annual report notification)

SECTION 7 OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

EMERSON CORREA

407

8630096

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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COMPLEX SERVICES BR 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 03/18/2021 and assigned
Florida document number L21000129094.

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)

5950 LAKEHURST DR SUITE 273

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5950 LAKEHURST DR SUITE 273

ORLANDO, FL 32819

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

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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDUARDO DOS SANTOS COUT	4615 RHYTHM RD ✓	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIE H CAVALCANTI BRESSA	4615 RHYTHM RD ✓	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIANE TAIATELLA	316 FRANKLIN PL, APT A3 ✓	<input type="checkbox"/> Add
		PLAINFIELD, NJ 07060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONIGREI RIBEIRO AGUIAR	7664 SUGAR BEND ✓	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS GARAY	2545 KYLE ST ✓	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33815	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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MILWAUKEE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated MAY 18, 2021

Signature of a member or authorized representative of a member

RONIGREI RIBEIRO AGUIA

Typed or printed name of signee