Florida Department of State Division of Corporations Electronic Filing Gover Sheet

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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.

| C 1 1 | Address | | | |
|--------|----------|--|--|--|
| rmai i | Annrect. | | | |

PECCEPTION WITHOUT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JIRO SHIMIZU FILHO LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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K. SALY

SEP 2 0 2024

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-----------|--|--|--|--|--|
| CHRIE | JIRO SHIMIZU FILHO LLC | | | | |
| COM | Name of Limited Liability Company | | | | |
| The encl | osed Articles of Amendment and fee(s) are submitted for filling. | | | | |
| Please re | turn all correspondence 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 | | | | |
| | BUSINESS@ICONNECTSC.COM | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |
| For furth | er information concerning this matter, please call: | | | | |
| EMERS | ON CORREA 407 863-0096 | | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

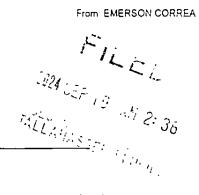
Street Address:

Area Code

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**



JIRO SHIMIZU FILHO 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 04/14/2021 | and assigned |
|---|---|-----------------------------|
| lorida document number L21000173077 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | 6735 CONROY ROAD STE 309 | |
| Principal office address MUST BE A STREET ADDRESS) | ORLANDO, FL 32835 | |
| | | |
| Inter new mailing address, if applicable: | 13205 SOUR ORANGE DR | |
| Mailing address MAY BE A POST OFFICE BOX) | ORLANDO, FL 32828 | |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter th</u> | e name of the new register |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | : |
| | Flori | |

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: Sunbiz •

Page: 4 of 5

2024-09-19 20:08:59 GMT

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|----------------------|----------------|
| MGR | JIRO SHIMIZU FILHO LLC | 13205 SOUR ORANGE DR | DAdd |
| | | ORLANDO, FL 32828 | □Remove |
| | | | EChange |
| | | | □Add |
| | | | ORemove |
| | | | □ Chànge ☐ Add |
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| | | _ | : Change |
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| CHANGING MANAGER'S TI | TLE AND ADDRESS. | |
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| tive date, if other than the dat ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar | does not meet the applicable statu | (optional) filing or more than 90 days after filing.) Pursuant to 605.020 tory filing requirements, this date will not be listed to |
| ord specifies a delayed effective da filed. | ate, but not an effective time, at 12 | :01 a.m. on the earlier of: (b) The 90th day after the |
| SEPTEMBER, 16th | , 2024 | |
| | ZUFILIO nature of a member or authorized repr | |

Typed or printed name of signee