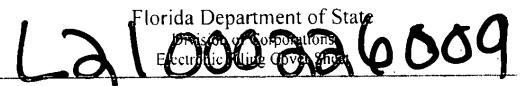
7/7/22, 9:18 AM

Division of Corporations



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(((H220002314773)))



H220002314773ABC

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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

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Email Address:______

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M. SOLOMON

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COVER LETTER

TO: Registration-Se Division of Cor		H22000231477 3
JJM CHESI SUBJECT:	NE LLC	
SCBJECT.	Name of Limited Linbility Company	_
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence 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	2922 JUL
	City/State and Zip Code	
	CONTACT@ICONNECTSC.COM	
	E-mail address: (to be used for future annual report notification)	To so a state
For further information e	oncerning this matter, please call:	
EMERSON CORREA	407 8630096 at ()	
Name o	f Person Area Code Daytime Telephone Nu	imber

Mailing Address:

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

Name of Person

Street Address:

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

From: EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000231477 3

The Articles of Organization for this Limited Liability Company were filed on OS/14/2021 and assigned Elorida document number L210X02260X19 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 anast be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registe agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida	(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reconity Company)	ords.)	
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	New Registered Office Address:	Form Chailes that end	Mass	
·				
·			Florida	
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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:

MGR = Manager AMBR = Authorized Member H22000231477 3

Title	Name	Address	Type of Action
MGR	GABRIEL KUNHARSKI CARDOZO	5216 NW 28TH ST	= Add
		MARGATE, FL 33063	
			☐Change
			Remove
			Change
			Remove
			□Chānge □
			Remove
			☐ Change
			□Add
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			OAdd
			□Remove
			ClChanne

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ADDING MANAGER GAR	RIEL KUNHARSKI CARDOZO		
			
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Note: If the date inserted in this b	e date of filing: st be specific and cannot be prior to date of filing or more that lock does not treet the applicable statutory filing requirement of State's records.	(optional) in 90 days after filing.) Pursuant to 605.020 irrements, this date will not be listed as	7 (3)(b s the
e record specifies a delayed effect d is filed	ve date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the	:
Dated	. 2022		
	José Tiago Chesine Gois		
	Signature of a member or authorized representative of a n	nember	