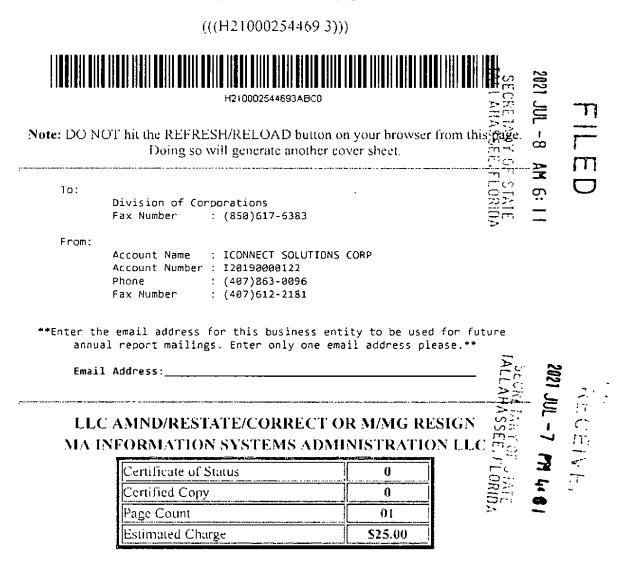
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Electronic Filing Menu Corporate Filing Menu

Help



From: EMERSON CORREA

COVER LETTER

то:	9: Registration Section Division of Corporations					21000254469 3
MA INFORMATION SYSTEMS ADMINISTRATION LLC SUBJECT:						
SUBJE	:(. I : _		Name of Limited	Liability Company		_
			unendment and fee(s) are submitted			
				Name of Person		
		_				
			6735 CONROY ROAD STE 3	509		
				Address	• • •	
			ORLANDO, FL. 32835			
			CONTACT@ICONNECTSC.C	Tity/State and Zip Code		
				e used for future annua	il report notification)	_
For fur	ther inf	ormation co	ncerning this matter, please call:			
EMER	SON C	ORREA			63 0096	
		Name of	Person	at () _ Area Code	Daytime Telephone Nur	FILEL 2021 JUL -8 AM 6 SECRETARY OF STANLLAHASSEE, FLOR
						D 1 6: 1 Sivite Orion

MailingAddress:

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

StreetAddress: 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

H21000254469 3

MA INFORMATION SYSTEMS ADMINISTRATION	.LC						
(Name of the Limited Liability Company (A Florida Limited Liab	s it now appears on our lity Company)	records.)					
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L21000293791}{L21000293791}$	re filed on 06/24/2021	and assigned					
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 designatio	n "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:	<u> </u>						
(Mailing address MAY BE A POST OFFICE BOX)							
-							
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records,	enter the name of the new registered					
Name of New Registered Agent:	·						
New Registered Office Address:	Enter Florida street						
	rmer r urtaa şirget						
	City	, Florida					
New Registered Agent's Signature, if changing Registered Agent:		Top Com					
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duti ided for in Chapter	es, and I am familiar with and 605. F.S. Or, if this document is					
If Changing	Registered Agent, Signs	ture of New Registered Agent					

To: 18506176383

Page: 4 of 5

2021-07-07 17:15:16 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 H21000254469 3

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

H21000254469 3

Effective date, if other than the date of filing: (uptional) (up	AD.	DING GABRIEL K	UNHARSKI 	CARDOZO) AS MANA	AGER.					
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