

10/8/21, 4:48 PM

Division of Corporations

21000311663

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ICONNECT SOLUTIONS CORP
Account Number : 120190000122
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
NICER GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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STATE OF FLORIDA
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2021 OCT -8 PM 1:07

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: NICER GROUP 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 309
Address

ORLANDO, FL 32835
City/State and Zip Code

CONTACT@ICONNECTSC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA at (407) 863 0096
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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NICER GROUP 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 07/07/2021 and assigned Florida document number L21000311663

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:

1282 LA QUINTA DR

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32809

Enter new mailing address, if applicable:

1282 LA QUINTA DR

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32809

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

FILED 2021 OCT - 8 PM 1:07 ALLIANCE REGISTERED AGENTS FLORIDA

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 Changing Registered Agent, Signature of New Registered Agent

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>
MGR	CLAUDIA M SAENZ QUINTERO	7751 KINGSPONTE PKWY - STE 119	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

REMOVING MGR CLAUDIA M SAENZ QUINTERO

CHANGING PRINCIPAL AND MAILING ADDRESS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 ~~5th~~ day after the record is filed

Dated OCTOBER 08 2021

Maria Beatriz S M de Souza Coelho

Signature of a member or authorized representative of a member

MARIA BEATRIZ S M DE SOUZA COELHO

Typed or printed name of signee

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