From: EMERSON CORREA

9/15/22, 4:48 PM

Division of Corporations

Florida Department of

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(((H22000320552 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 : (407)612-2181 Fax Number

**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 GVC APPLIANCE REPAIR LLC

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From: EMERSON CORREA

COVER LETTER

TO:	Registration Se Division of Cor		H22000320552 3
0.0111.112.0		IANCE REPAIR LLC	
SUBJEC	LI:	Name of Limited Liability Company	_
The encl	losed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	etum 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	
		City/State and Zip Code	
		CONTACT@ICONNECTSC.COM	
		E-mail address: (to be used for future annual report notification)	_
For furth	her information o	oncerning this matter, please call.	
EMERS	SON CORREA	407 863 0096 at ()	
_	Name (t Person Area Code Daytime Telephone Nun	iber

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

From: EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000320552 3

GVC APPLIANCE REPAIR LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000419307}{1.21000419307}$.	were filed on 09/22/2021 and ass	igned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "ELC" or the abbreviation "L.	L.C."	
Enter new principal offices address, if applicable:	13730 ANCILLA BLND		
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE FL 34786		
			
Enter new mailing address, if applicable:	13730 ANCILLA BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE FL 34786		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the nev	v registered	
Name of New Registered Agent:		7 <u>+</u>	
New Registered Office Address:	Enter Florida street address Florida	PROVEL	
	City Zin Code	<u> </u>	
Now Designated Agent's Signature of changing Registered Agent	· · · · · · · · · · · · · · · · · · ·	ı	

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 2022-09-15 20.54:48 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	H22000320552 3
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			¬Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			[]Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			∐Change

H220003205523

From: EMERSON CORREA

	n, enter change(s) here: (Attach additional sheets, if necessary.)
CHANGING COMPANY ADI	RESSES
···	
	<u>. </u>
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 does not meet the applicable statutory filing requirements, this date will not be listed as
cord is filed.	ite, but not an effective time, at 12:01 a,m, on the earlier of: (b). The 90th day after the
Dated SEPTEMBER, 05	2022
gut	
——————————————————————————————————————	nature of a member or authorized representative of a member
	GUSTAVO AQUINO GUEDES
	Typed or printed name of signee