# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000402496 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 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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROBD ENTERPRISE LLC

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Page Count	01
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### **COVER LETTER**

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	OBD ENTERPRISE LLC	
JBJECT:	Name of Limited Liability Company	
ne enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
ease 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)	
n further infor	mation concerning this matter, please call:	
r	MERSON CORREA   gt (   407   )	

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

New Registered Agent's Signature, if changing Registered Agent:

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From: EMERSON CORREA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROBD ENTERPRISE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/22/2021 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned L21000419650 Florida document number \_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BROBD AIR LLC 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: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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: +18506176383 Page: 4 of 5 2021-10-29 16:31:54 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 H21000402496 3

<u>Title</u>	Name	Address	Type of Action
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			Remove
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#### From: EMERSON CORREA

#### H21000402496 3

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is filed		TEC 🎇
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