## Florida Department of State Division of Gover Sites Electronic Filing Cover Sites

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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.\*\*

mail	Address:		 	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LE PETIT GOLDE LLC

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Corporate Filing Menu

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K. SALY

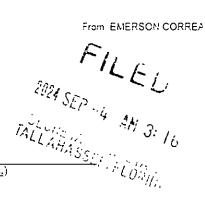
## COVER LETTER

	Registration Section Division of Corporations			
SERVIC	LE PETIT GOLDE LLC			
OODALO	Name of Limit	ed Liability Company		
The enclo	sed Articles of Amendment and fee(s) are subm	nitted for filing.		
Please ret	urn all correspondence concerning this matter to	the following:		
	EMERSON CORREA			
	Name of Person			
	CORP			
		Firm/Company		
	6735 CONROY ROAD STE	£ 309		
	Address			
	ORLANDO, FL 32835			
	City/State and Zip Code			
	BUSINESS@ICONNECTSC			
	E-mail address: (to	be used for future annual report notification)		
For furthe	r information concerning this matter, please cal	l:		
EMERSO	N CORREA	407 863-0096 at ()		
	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**



LE PETIT GOLDE 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 11/09/2021	and assigned	
Florida document number L21000-83701			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited half	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1633 FUTURE WAY #313		
(Principal office address MUST BE A STREET ADDRESS)	CELEBRATION, FL 3474	7	
Enter new mailing address, if applicable:	1633 FUTURE WAY #313	3	
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION, FL 34747		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	<u>eudiress on our records, en</u>		
	Enter Florida street address		
		. Florida	
	City	, Florida <u>Zip Code</u>	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is	
	nging Registered Agent, Signati		

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From EMERSON CORRE

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ALFONSO AGUILAR ZERMENO	1633 FUTURE WAY #313	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		CELEBRATION, FL 34747	□Remove
			<b> </b> Change
AMBR	TOMAS MEDINA FLORES	1633 FUTURE WAY #313	
		CELEBRATION, FL 34747	□Remove
			■Change
MGR	HECTOR MANUEL ARROYAVE VAZQUEZ	1633 FUTURE WAY #313	
		CELEBRATION, FL 34747	□Remove
			■Change
MGR	ERIKA NAYIBE BAYTER CIFUENTES	1633 FUTURE WAY #313	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		CELEBRATION, FL 34747	□Remove
			□Add
			□Remove
			□ □ Change
		<del></del>	
			Remove M

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Typed or printed name of signee