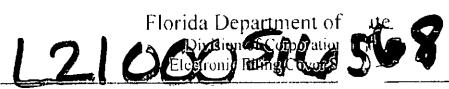
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From: EMERSON CORREA

Division of Corpora 11/1/22, 9:32 AM



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(((H22000372975 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 : (407)863-0096 Phone

Fax Number : (407)612-2181

\*\*Enter the email address for this business entity to be used for future m annual report mailings. Enter only one email address please.\*\*

Address:		
	Address	Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZULOAGA INVESTMENTS LLC

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### **COVER LETTER**

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SUBJEC		INVESTMENTS LLC		*
SOBJEC	CT:	Name of Li	mited Liability Compar	יאַ
The encl	losed Articles of	Amendment and fee(s) are st	abmitted for filing.	
Please re	cturn all correspo	ndence concerning this matte	er to the following:	
		EMERSON CORREA		
			Name of Perso	M
		ICONNECT SOLUTION	S CORP	
		<del></del>	Firm/Compan	)
		6735 CONROY ROAD	STE 309	
			Address	
		ORLANDO, FL, 32835		
		·	City/State and Zip	Code
		CONTACT@ICONNECT		
		E-mail address	to be used for future a	unnual report notification)
For furth	ner information c	oncerning this matter, please	call:	
EMERS	ON CORREA		4()7 at (	8630096
	Name o	f Person	Area Cod	e Daytime Felephone Number

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

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000372975 3

ZULOAGA INVESTMENTS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	nany a <u>s it now appears on our records.</u> ) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000516568</u>	ry were filed on 12/07/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	- CRE NOV
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	-I AM 6: 52 RY OF STATE HASSEE, FI
	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and agi 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.	te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is

# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member H22000372975 3

Title	Name	Address	Type of Action
AMBR	HERNAN OSCAR VASQUEZ VIVANCO	478 E. ALTAMONTE DR 108-291	🗆 Add
		ALTAMONTE SPRINGS, FL 32701	≣Remove
			□Change
AMBR	SIMONE FALEIROS CHIOCA	478 E. ALTAMONTE DR 108-291	<b>=</b> Add
		ALTAMONTE SPRINGS, FL 32701	Remove
			Change
			□Add
			Remove
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# Liamending any other information review change (a) burg of any contract of the change (b) burg of the change (c) b

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