

11/1/22, 9:32 AM

Division of Corporations

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

From: Account Name : ICONNECT SOLUTIONS CORP
Account Number : 120190000122
Phone : (407)863-0896
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
ZULOAGA INVESTMENTS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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TALLAHASSEE, FL

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ZULOAGA INVESTMENTS 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

407 8630096

at ()
Name of Person Area Code Daytime Telephone 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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

MGR = Manager

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AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|-----------------------------|--|
| AMBR | HERNAN OSCAR VASQUEZ VIVANCO | 478 E. ALTAMONTE DR 108-291 | <input type="checkbox"/> Add |
| | | ALTAMONTE SPRINGS, FL 32701 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | SIMONE FALEIROS CHIOCA | 478 E. ALTAMONTE DR 108-291 | <input checked="" type="checkbox"/> Add |
| | | ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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