Division of Corporations

18/09/20 15:13

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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 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 **TL 315 LLC**

Certificate of Status	0
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K. SALY

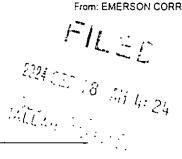
SEP 18 2024

COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	TI. 315 LLC					
		Name of Limited	Liability Company			
The enclo	osed Articles of A	amendment and fee(s) are submit	ted for filing.			
Please ret	urn all correspon	dence concerning this matter to t	the following:			
		EMERSON CORREA				
			Name of Person			
		ICONNECT SOLUTIONS CO	ORP			
			Firm/Company			
		6735 CONROY ROAD, STE	309			
			Address			
		ORLANDO, FL - 32835				
			City/State and Zip Code			
		business@iconnectsc.com				
		E-mail address: (to b	e used for future annual	report notification)		
For furthe	r information cor	ncerning this matter, please call:				
EMERSO	ON CORREA		407 86 at ()	3-0096		
	Name of I	Person	Area Code	Daytime Telephone Number		

From: EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



TL 315 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 01/28/2022 ____ and assigned Florida document number ______L22000050106 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 mv 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.

* Page: 4 ôf 5

2024-09-18 19:16:23 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEILA FELICIANO N TORRES	15281 ARCADIA BLUFF LOOP	□Add
		WINTER GARDEN, FL 34787	≡ Remove
			Change
AMBR	BARIC LLC	8600 COMMODITY CIRCLE, SUITE 115	≣ Add
		ORLANDO, FL 32819	□Remove
			Change
			□Add
			Remove
			□ Change \(\bar{\chi}\)
			DAdd
		<u> </u>	
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

J	PLEASE REMOVE THE MGR LEILA FELICIANO N TORRES
- I	PLEASE KEEP THE MGR TIAGO TORRES MARTINS - NO CHANGES!
-	PLEASE ADD THE AMBR BARIC LLC AND ITS ADDRESS 8600 COMMODITY CIRCLE, SUITE 115
(ORLANDO, FL 32819
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an effe ote:	ve date, if other than the date of filing:
ecore is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
ted	09/18/2024
	Ting p Torres Martins
	Signature of a member or authorized representative of a member
	TIAGO TORRES MARTINS