

18/09/2024, 15:13

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 : I20190000122
Phone : (407)863-0006
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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TL 315 LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

SEP 18 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TL 315 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
business@iconnectsc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA
Name of Person
407 863-0096
at ()
Area Code Daytime Telephone Number

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TL 315 LLC

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

FILED
2024 SEP 18 AM 4:24
MALLORY

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

_____, Florida _____
City Zip Code

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 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.

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEILA FELICIANO N TORRES	15281 ARCADIA BLUFF LOOP	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARIC LLC	8600 COMMODITY CIRCLE, SUITE 115	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SEP 19 2024
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE THE MGR LEILA FELICIANO N TORRES

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

FILED
2024 SEP 18 16:23
SUNBIZ

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/18/2024

Tiago Torres Martins

Signature of a member or authorized representative of a member

TIAGO TORRES MARTINS

Typed or printed name of signee