30/06/2023, 14:18

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11230002327093)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : 120190000122 Phone

: (407)863-8096

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. **

11	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOREIRA & ANGELI LLC

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COVER LETTER

TO: Registration : Division of C			
	A & ANGELI LLC		
SUBJECT:	Name of Lira	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	EMERSON CORREA		
		Name of Person	
	ICONNECT SOLUTIONS	CORP	
		Firm/Company	·
	6735 CONROY RD STE	309	
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	CONTACT(@ICONNECTS	C.COM to be used for future annual report not	(functions)
For further information	concerning this matter, please c		The attention of the at
EMERSON CORREA		407 863-0096	
Name	of Person	Area Code Daytin	ne Telephane Number
Enclosed is a check for	the following amount:		
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (acditional copy is enclosed)
	i Section Corporations	Street Address: Registration So Division of Co	rporations
P.O. Box 6. Tallahassee		The Centre of 2415 N. Monro Tallahassee, Fl	oe Street, Suite 810

To: Sunbiz

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002327093 MOREIRA & ANGELI LLC (Name of the Limited Liability Commany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/02/2022}{1}$ Florida document number L22000208387 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 ourst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7635 ASHLEY PARK COURT Enter new principal offices address, if applicable: SUITE 503-1 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32835 7635 ASHLEY PARK COURT Enter new mailing address, if applicable: SUITE 503-J (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32835 B. If amending the registered agent and/or registered office address on our records, gater the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address City 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

MGR = Manager

H23000232709 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			□Add
			□Remove
			Change
			CIAdd
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fective date, if other than the an effective date is listed, the date in	e date of filing	; <u></u>		(option	al)
an effective date is listed, the date in ote: If the date inserted in this locument's effective date on the	ilock does not m	cet the applicable :	e of filing or more statutory filing re	than 90 days after fil quirements, this d	ing.) Pursuant to 605.0207 (; are will not be listed as th
record specifies a delayed effect is filed.	ive date, but not	an effective time, a	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ated JUN 30		2023			
	mas	er ja			
	Signature of a n	nember of authorized	representative of	member	
	MARC	ELO RODRIGUE	C MANDILID A		
	MARC	ELO KODKIGOS	me of signer		