



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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP
Account Number : F20190000122
Phone : (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: _____

2025 JUL 29 PM 1:12

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALMAX FLORIDA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALMAX FLORIDA 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

407

863-0096

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMAX FLORIDA 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 06/28/2022 and assigned Florida document number L22000290853.

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>
AMBR	ALAIR CARLOS DE ARAUJO JUNIOR	RUA T-33 350 SETOR BUENO	☒ Add
		APT 1102	☐ Remove
		GOIANIA 74215-140 BR	☐ Change
AMBR	MARIZE HELENA NAVES DA COSTA	RUA T-33 350 SETOR BUENO	☒ Add
		APT 1102	☐ Remove
		GOIANIA 74215-140 BR	☐ Change
AMBR	THIAGO NAVES ARAUJO	RUA T-33 350 SETOR BUENO	☒ Add
		APT 1102	☐ Remove
		GOIANIA 74215-140 BR	☐ Change
AMBR	ANA CLARA NAVES ARAUJO	RUA T-33 350 SETOR BUENO	☒ Add
		APT 1102	☐ Remove
		GOIANIA 74215-140 BR	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

ADD 4 AMBR IN THE LLC

KEEP THE MGR

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.

07/28/2025

Dated _____

_____
Signature of a member or authorized representative of a member_____
FILIPE NAVES ARAUJO_____
Typed or printed name of signee