

8/5/22, 7:53 AM

Division of Corporations

Florida Department of State
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 Electronic Filing Cover Sheet

L220002645833

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(((H22000264583 3)))



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To:

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

From:

Account Name : ICONNECT SOLUTIONS CORP
 Account Number : I20190000122
 Phone : (407)863-0096
 Fax Number : (407)612-2181

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACIFIC SHIPPING GROUP LLC

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2022 AUG - 8 PM 6:00

DIVISION OF CORPORATIONS
FLORIDA

Electronic Filing Menu

Corporate Filing Menu

AUG - 8 2022

T. LEMIEUX

COVER LETTER

TO: Registration Section H22000264583 3
Division of Corporations

SUBJECT: PACIFIC SHIPPING GROUP 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
Name of Person at () Area Code Daytime Telephone Number

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

H22000264583 3

PACIFIC SHIPPING GROUP 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 06/30/2022 and assigned
Florida document number L22000296414.

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:

6735 CONROY ROAD STE 309

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL, 32835

Enter new mailing address, if applicable:

6735 CONROY ROAD STE 309

(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, 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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIELA NOEMI MATTOS COBOS	6735 CONROY ROAD STE 309	<input type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JUAN CARLOS ZEGARRA CAUPER	6735 CONROY ROAD STE 309	<input type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Typed or printed name of signee