

9/19/23, 1:15 PM

Division of Corporations

L220031650

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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Account Number : 120190000122
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DIVISION OF CORPORATIONS
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SLFD GOLD LLC

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SEP 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLFD GOLD 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

Name of Person

407

at ()

863-40996

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

SLFD GOLD 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 07/15/2022 and assigned Florida document number L22000316050.

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:

4297 LANA AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT, FL 33897

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:

ICONNECT SOLUTIONS CORP

New Registered Office Address:

6735 CONROY ROAD STE 309

Enter Florida street address

ORLANDO

City

Florida 32835

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.

Emerson Correa

If Changing Registered Agent, Signature of New Registered Agent

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

CHANGING THE REGISTERED AGENT NAME AND ADDRESS.

CHANGING THE PRINCIPAL ADDRESS TO:

4297 LANA AVENUE

DAVENPORT, FL 33897

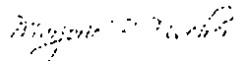
E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 25, 2023

_____
Signature of a member or authorized representative of a member

MARJORIE B FISCHER

Typed or printed name of signer