

14/06/2024, 11:58

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing/Cover Sheet

L22000415296

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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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDGE COMPUTING LLC

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

M. SOLOMON

JUN 14 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGE COMPUTING 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 RD, 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

at (407) 863-0096

Name of PersonArea CodeDaytime Telephone Number

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CORPORATIONS
JUN 14 PM 12:21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EDGE COMPUTING 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 09/22/2022 and assigned Florida document number L22000415296.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PEER 1031 LLC

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 florist's 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	RAUL IVO FALLER	6735 CONROY WINDERMERE RD STE 230	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FILIFE PAULA DOS SANTOS	6735 CONROY WINDERMERE RD STE 230	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRUNO CAMPELE CALABRESI	6735 CONROY WINDERMERE RD STE 230	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGING THE COMPANY NAME AND REMOVING THE FOLLOWING MEMBERS:

NEW NAME: PEER 1031 LLC

RAUL IVO FALLER

FILIPE PAULA DOS SANTOS

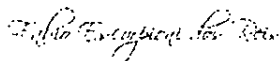
BRUNO CAMPELE CALABRESI

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DEPT OF STATE
JUN 14 2024 12:21 PM**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 JUNE 14TH 2024_____
Signature of a member or authorized representative of a member

FABIO ESCORPIONI DOS REIS

Typed or printed name of signee