8/2/23, 11:48 AM

Division of Corporations

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122

: (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:
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLD CONTAINERS USAILLC

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K. SALY

#### **COVER LETTER**

	Registration Section Division of Corporations	, •			
	GOLD CONTAINERS USA LLC	Ť			
SUBJEC	Name of Limited Liability	Company			
The encl	osed Articles of Amendment and fee(s) are submitted for fil	ling.			
Please re	eturn all correspondence concerning this matter to the follow	ving:			
	EMERSON CORREA				
	Name	Name of Person			
	ICONNECT SOLUTIONS CORP				
	Firm	Company			
	6735 CONROY ROAD STE 309				
	Ad	dress			
	ORLANDO, FL 32835				
	City/State	and Zip Code			
	CONTACT@ICONNECTSC.COM				
	E-mail address; (to be used for	future annual report notification)			
For furth	er information concerning this matter, please call:				
EMERS(	ON CORREA 4	07 863-0096			
		ca 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.



GOLD CONTAINERS USAILLC

(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 $\frac{11/15/200}{11/15/200}$	and assigned
Florida document number L22000485589	<u> </u>		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	6735 CONROY ROAL	)
(Principal office address MUST BE A STRE		STE 309	
<u></u>		ORLANDO, FL 3283;	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6735 CONROY ROAI	) 
		STE 309	
		ORLANDO, FL 3283:	5
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	ess here:	address on our record	s, enter the name of the new registered
Name Danistand (1975an Adday)	6735 CONROS	Y ROAD STE 309	
New Registered Office Address: 6733		Enter Florida stri	ret address
	ORLANDO		, Florida 32835
		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

Enerion Correa

## 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

Title	Name	Address	Type of Action
MGR	CAIO M. LOUREIRO CARVALHO JUNIOR	6735 CONROY ROAD	□Add
		STE 309	_ □Remove
		ORLANDO, FL 32835	<b>■</b> Change
AMBR	CAIO M. LOUREIRO CARVALHO	6735 CONROY ROAD	
		STE 3(19	
		ORLANDO, FL 32835	
			🗆 Add
			□Remove
			Chânge T
			Remove (
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			_ DRemove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change

6735 CONROY ROAD		
STE 309		
ORLANDO, FL 32835	_	
CHANGING THE REGIS	TERED AGENT TO: ICONNECT SOLL	FTIONS CORP
ADDING CAIO M. LOUI	EIRO CARVALHO AS A MEMBER IN	THE COMPANY
		: (c)
		S. A.
		2 2
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		9.
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		•
effective date is listed, the date in e: If the date inserted in this		(optional) ling or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
cord specifies a delayed effec i filed	ive date, but not an effective time, at 12 (	II a m on the earlier of (h). The 90th day after
JULY 31	- 2023 Caio m. s. Can Ma Zin	
	G:= \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Typed or printed name of signee