Filoridal Department of State

Division of Corporations

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To:

Division of Corporations

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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:			_
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MAIN -6 PH 2: 34

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAVES CONSTRUCTION LLC

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K. SALY

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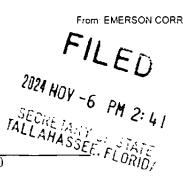
From: EMERSON CORREA

COVER LETTER

	gistration Sec ision of Corp			
ርህው ነህረጉ.		ONSTRUCTION LLC		
SUBJECT.		Name of Limited I	Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are submitte	ed for filing.	
Please returr	ı all correspon	dence concerning this matter to th	e following:	
		EMERSON CORREA		
		Name of Person		
		ICONNECT SOLUTIONS CO	RP	
			Firm/Company	
		6735 CONROY ROAD STE 36	09	
			Address	
		ORLANDO, FL - 32835		
		Cì	ty/State and Zip Code	
		BUSINESS@ICONNECTSC.C		
		E-mail address: (to be	used for future annual	report notification)
For further in	nformation co	ncerning this matter, please call:		
EMERSON	CORREA		407 86 at ()	3-0096
	Name of	Person	Area Code	Daytime Telephone Number

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



CHAVES CONSTRUCTION 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 w Florida document number <u>L22000492150</u>	ere filed on 11/17/2022	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.I.,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 ad agent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and . Or, if this document is

To: Sunbiz - Page: 4 of 5 2024-11-06 17:27:59 GMT 14076122181 From: EMERSON 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	RENATO DE ARAUJO CHAVES JR	16870 SANCTUARY DR	□Add
		WINTER GARDEN, FL 34787	□Remove
MBR	DRI CAPITAL USA LLC	6735 CONROY ROAD STE 309	
		ORLANDO, FL 32835	□Remove
			∃ Change
MBR	BRUNA JIMENEZ F. S. SIMOES	16870 SANCTUARY DR	□Add
		WINTER GARDEN, FL 34787	
			□Change
	 		🗆 Add
		 	□Remove
			T. DEGange
	<u> </u>		AHASSEE FL
			Remove 2:
			□Add
			□Remove
			□Change

	CHANGE THE TITLE OF RENATO DE ARAUJO CHAVES JR FROM AMBR TO MGR
	CORRECT THE ADDRESS OF DRI CAPITAL USA LLC: 6735 CONROY ROAD STE 309 ORLANDO, FL 32835
	REMOVE AMBR BRUNA JIMENEZ F. S. SIMOES
	TPS: 22
	FEG. 2:
(If an cl : <u>Note</u>	five date, if other than the date of filing:
ne reco ord is f	rd 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 filed.
Dated	11/06/2024
	Renato de Arquia Chaves Juntor Signature of a member or authorized representative of a member

Typed or printed name of signee