

8/14/23, 11:15 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000514124**

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To:

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

From:

Account Name : ICONNECT SOLUTIONS CORP  
Account Number : 120190000122  
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**  
**LL27 BARBERSHOP LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

2023 AUG 14 PM 1:13

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THOMAS MIEUX

AUG 15 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LL27 BARBERSHOP 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

407 863-0096  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

LL27 BARBERSHOP 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 12/07/2022 and assigned  
Florida document number L22000514124.

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:**

**(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 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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LIMA DA SILVA, LEONARDO	13214 MEERGATE CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARBOSA DA SILVA, MICHELLE	13214 MEERGATE CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGING THE MEMBERS' ADDRESSES TO:

13214 MEERGATE CIR

ORLANDO, FL 32837

**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 14, 2023



\_\_\_\_\_  
Signature of a member or authorized representative of a member

LEONARDO LIMA DA SILVA

\_\_\_\_\_  
Typed or printed name of signee