2/16/23, 11:42 AM

Division of Corporations

Florida Department of State

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(((H23000061178 3)))



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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 KICHISE LLC

Certificate of Status	0
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COVER LETTER

H230000611783

TO:	Registration Se Division of Cor	
SUBJE	KICHISE L	
	<u></u>	Name of Limited Liability Company
The en	closed Articles of .	Amendment and fec(s) are submitted for filing.
Please	retum all correspo	ndence 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 fur	ther information co	oncerning this matter, please call:
EMER	SON CORREA	407 8630096 at ()
	Name of	

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

H23000061178 3

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KICHISE & LOTT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation: "LLC" or the abbreviation "LLC." 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:	KICHISE LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KICHISE & LOTT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation: "LLC" or the abbreviation "LLC." 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:	(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
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KICHISE & LOTT LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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:	This amendment is submitted to amend the following:		
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Name of New Registered Agent: New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)		·-·
	agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	2023 FEB 1
City Zip Code		Ciţ	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.

To: Sunbiz

Page 4 of 5

2023-02-16 16:49:25 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:

H23000061178 3

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			TRemove
		- Mary - Add	LIChange
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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 9207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The event 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 relief is filed: Dated FEBRUARY . 13 2023 And Reference Signature of a member or authorized representative of a member				· .	<u>.</u>
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the ord is filed. Dated FEBRUARY 13 2023 Charles Kickliste					
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