

L 23000043115

Florida Department of State
Division of Corporations
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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 & LOTT LLC

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

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STATE OF FLORIDA
TALLAHASSEE

2023 NOV 14 PM 4:24

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 NOV 14 PM 4:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

KICHISE & LOTT 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 01/23/2023 and assigned Florida document number 123000043115.

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: 7075 BRESCIA WAY ORLANDO FL 32819 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7075 BRESCIA WAY ORLANDO FL 32819 (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

City, Florida 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	HIDEKI KICHISE, CLAUDIO	7075 BRESCIA WAY	<input type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LOTT RIBEIRO, ELIANE	7075 BRESCIA WAY	<input type="checkbox"/> Add
		ORLANDO FL 32819	<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

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 SECRETARY OF FLORIDA
 TALLAHASSEE, FLORIDA

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

CHANGIN THE PRINCIPAL AND MAILING ADDRESS TO:

7075 BRESCIA WAY

ORLANDO FL 32819

CHANGIN THE MEMBER'S'S ADDRESS TO:

7075 BRESCIA WAY

ORLANDO FL 32819

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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 NOVEMBER 07 2023

Claudio Kichise

Signature of a member or authorized representative of a member

CLAUDIO HIDEKI KICHISE

Typed or printed name of signee