3/17/23, 11:01 AM

Division of Corporations

# lectreric Filing Cover

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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 : (407)612-2181 Fax Number

\*\*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 BEYOUNDCX CONSULTING LLC

## Certificate of Status 01

Certified Copy Page Count \$25,00 Estimated Charge

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#### **COVER LETTER**

то:	Régistration Section Division of Corporations				
SUBJEC	BEYOUNDCX CONSULTING LLC				
	Name of Limited Liability Company				
The enc	ised Articles of Amendment and fee(s) are submitted for filling.				
dease r	um 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@1CONNECTSC.COM				
	E-mail address: (to be used for future annual report notification)				
For furt	er information concerning this matter, please call:				
EMER	ON 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

BEYOUNDCX CONSULTING LLC			
(Name of the Limite)	d Liability Company a A Florida Limned Liabil	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Lia Florida document number £23000091362		re filed on <u>02/20/2023</u>	and assigned
This amendment is submitted to amend the follow	wing.		
A. If amending name, enter the new name of	the limited liability	company here:	
BEYONDCX CONSULTING LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability C	Tompany," the designation "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	T <u>ADDRESS)</u>		
	_		
Enter new mailing address, if applicable:		. <u> </u>	
Mailing address MAY BE A POST OFFICE E	<u> </u>		
	_		
B. If amending the registered agent and/or re agent and/or the new registered office address		ress on our records. <u>enter the</u>	name of the new registe
Name of New Registered Agent:			~···
New Registered Office Address:		Couer Florida street address	2023 H: 5
		Quier Provida strew achiress	:: 0
		, Florid	la
		Спу	Ziji Code - 1
New Registered Agent's Signature, if changing R	egistered Agent:		· 33

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 familial 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 2023-03-17 15:05.08 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

MOOK 3	MINORIZED PARTITION		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□ Add
			\( \sum_\text{Remove}
			□Change

To: Sunbiz

From: EMERSON CORREA

Typed or printed name of signee