

**L23000150700**

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 : 128190000122  
Phone : (407)863-0896  
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.\*\*

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DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR MMG RESIGN  
VALIOS SCHOOLS WESLEY CHAPEL LLC

Certificate of Status	0
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Page Count	01
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Help  
08/06/24

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VALIOS SCHOOLS WESLEY CHAPEL LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMERSON CORREA  
Name of Person

---

ICONNECT SOLUTIONS CORP  
Firm/Company

---

6755 CONROY ROAD STE 309  
Address

---

ORLANDO, FL 32835  
City, State and Zip Code

---

BUSINESS@ICONNECTSC.COM  
E-mail address (to be used for future annual report notification)

STATE  
 TALLHASSEE, FL  
 08/06/24 AM 9:07

For further information concerning this matter, please call:

EMERSON CORREA	407	863-0096
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

VALIOS SCHOOLS WESLEY CHAPEL 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 03-24-2023 and assigned Florida document number L23000150700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

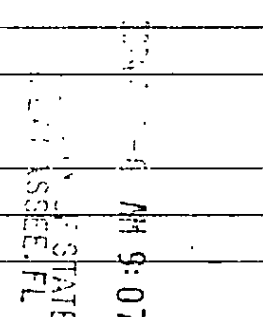
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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	COLUMNAE LLC	5165 DOVE TREE ST	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REAL ASSET AE WESLEY CHAPEL	7575 DR. PHILLIPS BLVD.	<input checked="" type="checkbox"/> Add
		360	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 AUG 6 9:07 AM '24  
 ORLANDO, FL

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

REMOVING AMBR : COLUMNAE LLC

5185 DOVE TREE ST

ORLANDO, FL 32811

ADDING AMBR : REAL ASSSET AC WESLEY CHAPEL

7575 DR. PHILLIPS BLVD.

360

ORLANDO, FL 32819

2024 AUG 6 AM 9:07  
STATE OF FLORIDA  
TALLAHASSEE, FL

**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, 02nd 2024

Signature of a member or authorized representative of a member