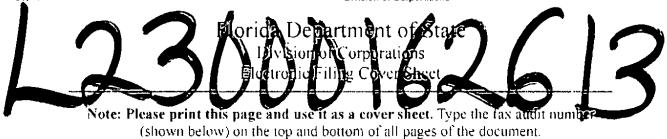
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Division of Corporations



(((H23000140522 3)))



H230001405223ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page 1 of 5

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.

Ema									
Fma	1	, ,	2	nr	•	c	•	•	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RTEO INVESTMENTS LLC

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

M. SOLOMON APR 17 2023

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Help

COVER LETTER

Division of Cor		
RTEO INV	ESTMENTS LLC	
debelor.	Name of Limited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are submitted for filling.	
Please return all correspo	ondence concerning this matter to the following:	
	EMERSON CORREA	
	Name of Person	
	ICONNECT SOLUTIONS CORP	
	Firm Company	
	6735 CONROY ROAD STE 309	
	Address	. 2
	ORLANDO, FL 32835	2023 APR
	City/State and Zip Code	APR 14
	CONTACT@ICONNECTSC.COM	- Sept = 1
	E-mail address. (to be used for future annual report notification)	
For further information c	oncerning this matter, please call:	
EMERSON CORREA	407 863-0096	<u> </u>

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000162613</u> .	were filed on 03/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		2023 APR 14
(Principal office address MUST BE A STREET ADDRESS)		P
		<u> </u>
Enter new mailing address, if applicable:		- w - w
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		·-
B. If amending the registered agent and/or registered office angent and/or the new registered office address here:	address on our records. <u>enter the</u>	name of the new registered
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.

To: Sunbiz

Page 4 of 5

2023-04-14 20:02:22 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

<u>Title</u>	Name	Address	Type of Action
MGR	VENCESLAU SOARES AGUIAR JUNIOR	8749 THE ESPLANADE APTO 26	□Add
		ORLANDO, FL 32836	■Remove
			□Change
MGR	GABRIEL LUIS DI T. BRODELLA	7751 KINGSPOINTE PARKWAY STE 109	= Add
		ORLANDO, FL 32819	□Remove
			□Change
			□ Remove APR 4 M 3: 5 □ Remove APR 4 M 3: 5 □ Change □ Change
· · ·			
			□Change
			□Add
			Remove
			□Change

AS MANAGER FROM THE	COMPANY.	
FIRST NAME: GABRIEL L	UIS	
LAST NAME: DLT. BRODE	LLA	
		<u> </u>
		. 2
		2023 /
		APR
		5.8.4 5.8.4 5.8.4
		<u>هم ایامر</u>
		
ective date, if other than the reffective date is listed, the date mus	date of filing: t be specific and cannot be prior to date of filing or more than?	(optional) 90 days after filing.) Pursuant to 605.0207 (3)
(e: If the date inserted in this blownent's effective date on the D	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
cord specifies a delayed effectives filed	e date, but not an effective time, at 12:01 a.m. on the ea	arlier of (b). The 90th day after the
APRIL 14 red		
	() =	

Typed or printed name of signee