

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
ALEMOA INVESTMENTS LLC

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALEMOA INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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

2024 JUN 13 PM 1:09  
SUNBIZ  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

EMERSON CORREA  
Name of Person  
407 863-0096  
at ( ) Daytime Telephone Number  
Area Code

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**

ALEMOA INVESTMENTS 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 05/11/2023 and assigned  
Florida document number L23000234182.

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:

12748 BIDEFORD AVE

(Principal office address MUST BE A STREET ADDRESS)

WINDERMERE, 34786

Enter new mailing address, if applicable:

12748 BIDEFORD AVE

(Mailing address MAY BE A POST OFFICE BOX)

WINDERMERE, 34786

**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	PATRICIA AMARAL QUINTELA REIS	12748 BIDEFORD AVE	<input type="checkbox"/> Add
		WINDERMERE, 34786	<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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