8/16/23, 9,15 AM

Division of Corporations

## Florida Department of S

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 : (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 VCI VENTURES USA LLC

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Corporate Filing Menu-

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## **COVER LETTER**

TO: Registration Se Division of Cor				
VCI VENT	URES USA LLC			
	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are submitted for filling.			
Please return all correspo	ndence 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@4CONNECTSC.COM			
	E-mail address: (to be used for future annual report notification)			
For further information e	oneerning this matter, please call.			
EMERSON CORREA	307 863-0096 at ()_			
Name o				

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

VCI VENTURES USA LLC		
(Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on <u>05/18/2023</u>	and assigned
Florida document number L23000246165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(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 as agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	
agent and of the new registered office address nere.		2023
		三海 多
Name of New Registered Agent:		<del>्रात्त है ज</del> िस्
New Registered Office Address:		<u> </u>
	Enter Florida street address	A CONTRACTOR
	Florida _	ريا <u> بيا</u>
	Cuy	Zn 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

2023-08-16 13,18 02 GMT

14076122181

From EMERSON COI

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARCONDES GONCALVES, FABIO	2633 SCRAPBOOK ST	■Add
		KISSIMMIEE, FL 34746	_
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			DAdd
		□Remove	
			□Change
		□Add	
			□Remove
			□Change
			āAdd
			□Remove
			□Change

	BIO MARCONDES GONCALA	(Attach additional sheets, if necessary.) /ES TO THE COMPANY.
<del></del>		
e proposition discussed and continue and	A. CON	( vi v N
	ist be specific and cannot be prior to block does not theet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) de statutory filing requirements, this date will not be listed as the
rithe record specifies a delayed offecti ecord is filed	ve date, but not an effective time	e, at 12 (1) a m on the earlier of (b). The 90th day after the
Dated AUGUST 14	2023	g.
	Polit France Confirm soft or	
	Signature of a member or authori.	zed representative of a member

Typed or printed name of signee