

L23000 273771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

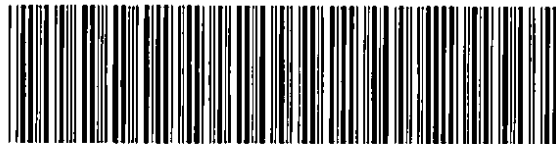
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900411027419

7/20/23

2023 JUL 19 PM 12:40




RECEIVED

R. HUNT

07/19/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \_\_ AMOUNT: \$60.00 \_\_

Authorization Signature: 

iConnect LLC L23000273771

**BUSINESS**

**DOC#**

X  **Certified Copy of Articles**

X  **Certificate of Status**

**NEW FILINGS**

Profit Corp  
  Not for Profit  
  Officer/Director  
  Limited Liability  
  Domestication  
  Other  
  **CORP**  
  **LLLP**

**AMENDMENTS**

X  Amendment  
  Resignation of R.A. or member  
  Dissolution  
  Change of Registered Agent  
  Revocation of Dissolution  
  Merger  
  **Conversion**  
  **Amended and restated Articles**  
  **Statement of Authority**

**OTHER FILINGS**

**Trademark**  
  Annual Report  
  **NOTARY REGISTRATION**  
  Fictitious Name  
  **APOSTILLE**

**Country**

**REGISTRATION/QUALIFICATIONS**

Foreign filing  
  Limited Partnership  
  Reinstatement  
  Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

iCONNECT 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:

JOHN ABKEMEIER

Name of Person

iCONNECT LLC

Firm/Company

5408 EAGLE LAKE DRIVE

Address

PALM BEACH GARDENS, FL 33418

City/State and Zip Code

JOHN @ ICONNECT. LLC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN ABKEMEIER

Name of Person

at (314) 753 7740

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

iCONNECT 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 JUNE 6, 2023 and assigned  
Florida document number L23000273771

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*

*City*

*, Florida*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

NOTE:

JOHN ABKEMEIER WILL REMAIN AMBR

E. Effective date, if other than the date of filing: July 1, 2023 (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 July 19, 2023

John Abkemeier  
Signature of a member or authorized representative of a member

JOHN ABKEMEIER  
Typed or printed name of signee