

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

LR20037816

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : ICONNECT SOLUTIONS CORP  
 Account Number : 120190000122  
 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  
 CONNECTION SERVICES LLC**

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

RECEIVED  
 2024 SEP -6 PM 4:46  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 SEP -5 AM 11:59  
 E.I. FID

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONNECTION SERVICES 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

BUSINESS@ICONNECTSC.COM

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

For further information concerning this matter, please call:

EMERSON CORREA

at ( 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

CONNECTION SERVICES 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 08/11/2023 and assigned Florida document number L23000378676.

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:

680 CYPRESS CLUB WAY APT. K

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33064

Enter new mailing address, if applicable:

680 CYPRESS CLUB WAY APT. K

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH, FL 33064

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:

ICONNECT SOLUTIONS CORP

New Registered Office Address:

6735 CONROY ROAD STE 309

*Enter Florida street address*

ORLANDO

Florida 32835

*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

2024 SEP -5 11:59  
FILED

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>
MGR	ALISSON ROBERTO SIMAO	680 CYPRESS CLUB WAY APT. K	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTOR ALLEN OLIVEIRA SILVA	680 CYPRESS CLUB WAY APT. K	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33064	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADDING MGR : ALISSON ROBERTO SIMAO

680 CYPRESS CLUB WAY APT. K

DEERFIELD BEACH, FL 33064

CHANGING THE TITLE AND ADDRESS OF MEMBER VICTOR ALLEN OLIVEIRA SILVA

CHANGING PRINCIPAL AND MAILING ADDRESSES OF THE COMPANY TO:

680 CYPRESS CLUB WAY APT. K

DEERFIELD BEACH, FL 33064

CHANGING THE REGISTERED AGENT TO: ICONNECT SOLUTIONS CORP

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 SEPTEMBER, 06th 2024

*Victor Allen Oliveira Silva*

Signature of a member or authorized representative of a member

VICTOR ALLEN OLIVEIRA SILVA

Typed or printed name of signer