

L24000050035

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : ICONNECT SOLUTIONS CORP
Account Number : I20190800122
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VBF USA LLC

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K. SALY

JUN 25 2024

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COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: VBF USA 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

407

863-0096

at (_____) _____

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VBF USA 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 01/26/2024 and assigned
Florida document number 1.24000050035.

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)

7901 KINGSPONTE PKWYSTE 12ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PKWYSTE 12ORLANDO, FL 32819

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

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In 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	BRUNO FEIJO IMBROINISIO	7751 KINGSPONTE PKWY STE 109	☐ Add
		ORLANDO, FL 32819	☒ Remove
			☐ Change
AMBR	VALTER LUIZ L. RIBEIRO FILHO	7901 KINGSPONTE PKWY	☐ Add
		STE 12	☐ Remove
		ORLANDO, FL 32819	☒ Change
AMBR	ALEXANDRA ESTEVES MACHADO	7901 KINGSPONTE PKWY	☒ Add
		STE 12	☐ Remove
		ORLANDO, FL 32819	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

CHANGING PRINCIPAL AND MAILING COMPANY ADDRESS TO : 7901 KINGSPONTE PKWY. STE 12

ORLANDO, FL 32819

REMOVING MEMBER : BRUNO FEIJO IMBROINISIO

7751 KINGSPONTE PKWY STE 109

ORLANDO, FL 32819

ADDING MEMBER : ALEXANDRA ESTEVES MACHADO

7901 KINGSPONTE PKWY STE 12

ORLANDO, FL 32819

CHANGING ADDRESS MEMBER : VALTER LUIZ L. RIBEIRO FILHO

7901 KINGSPONTE PKWY STE 12

ORLANDO, FL 32819

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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 JUNE, 17 2024

DocuSigned by:

Valter Luiz Lavinias Ribeiro Filho

#000001190CA49C

Signature of a member or authorized representative of a member

VALTER LUIZ L. RIBEIRO FILHO

Typed or printed name of signee