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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122

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

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JUN 25 2024

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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:\_

33.30

## DocuSign Envelope ID: F4851D6C-D02A-4B2D-A55E-A25CB961E507 CUVER LETTER

## TO: Registration Section Division of Corporations VBF USA LLC SUBJECT: 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

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

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DocuSign Envelope ID: F4851D5C-D02A-4B2D-A56E-A25C8961E507

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

VBF USA LLC	uny as it now appears on our records.)	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number 1.24000050035	y were filed on 01/26/2024 and assigned	
nis amendment is submitted to amend the following:		
Ef amending name, enter the new name of the limited liab	ollity company here:	
ne new name mus; be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	7901 KINGSPOINTE PKWY	
Principal office address MUST BE A STREET ADDRESS)	STE 12	
	ORLANDO, FL 32819	
nter new mailing address, if applicable:	7901 KINGSPOINTE PKWY	
(Mailing address MAY BE A POST OFFICE BOX)	STE 12	
	ORLANDO, FL 32819	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new regist	
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridy street address	
	Florida	

## 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.

Citr

If Changing Registered	Agent.	Signature of New	Registered Agent

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To amending Authorized rerson(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	Name	Address	Type of Action
AMBR	BRUNO FEIJO IMBROINISIO	7751 KINGSPOINTE PKWY STE 109	□Add
		ORLANDO, FL 32819	=Remove
	1		□Change
AMBR	VALTER LUIZ L. RIBEIRO FILHO	7901 KINGSPOINTE PKWY	□ Add
,		STE 12	CRemove
		ORLANDO, FL 32819	<b>■</b> Change
AMBR	ALEXANDRA ESTEVES MACHADO	7901 KINGSPOINTE PKWY	<b>=</b> Add
		STE 12	□ Remove
	e dec	ORLANDO, FL 32819	□Change
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		ORLANDO, FL 32819
1.		
REMOVING MEMB	ER : BRUNO FEIJO IMBROINISIO	
	7751 KINGSPOINTE PKWY STE 109	
	ORLANDO, FL 32819	
	the company of the co	2024 125
ADDING MEMBER	: ALEXANDRA ESTEVES MACHADO	L AND
i	7901 KINGSPOINTE PKWY STE 12	\$35 55 54
······································	ORLANDO, FL 32819	<u> </u>
		081
CHANGING ADDRI	ESS MEMBER : VALTER LUIZ L. RIBEIRO FILE	<del></del>
	7901 KINGSPOINTE PKWY STE	E 12
	ORLANDO, FL 32819	
ctive date, if other th	an the date of filing:	(optional)
: If the date inserted in	date must be specific and cannot be prior to date of filing or this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 6
ment's effective date of	n the Department of State's records.	
ord specifies a delayed	effective date, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90th day at
filed.		
d JUNE, 17	2024	
Docusioned by:	lavinas Ribeiro Filho	
I Vautur liam	Lawinas piruro Pilulo	