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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 : (407)612-2181 Fax Number

 \mathfrak{L} 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 **GVMA INVESTMENTS LLC**

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M. SOLOMON

JUN - 7 2024

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Help

COVER LETTER

TO: Registration So Division of Cor				
F	VESTMENTS LLC			
Scholer.	Name of Limited Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	andence concerning this matter to the following:			
	EMERSON CORREA			
	Name of Person			
	ICONNECT SOLUTIONS CORP			
	FirmcCompany			
	6735 CONROY ROAD STE 309	2024		
	Address	2024 JUH 2024 JUH		
	ORLANDO, FL 32835	24 L T		
	City/State and Zip Code	25		
	CONTACT@ICONNECTSC.COM			
•	. E-mail address: (to be used for future annual report notification)			
For further information of	oncerning this matter, please call:	_		
EMERSON CORREA	407 863-0096 at ()			
Name o	f 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

GVMA INVESTMENTS LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000230876</u>	were filed on 05/17/2024	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4548 ROSS LANIER L	ANE		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34758	3		
		2 153 153		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4 JUH - 7		
		<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records.	enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:		,		
	Enter Florida streut address			
- · · · · · · · · · · · · · · · · · · ·	Z ^{mi} .	, Florida		
	City	Zip Cone		

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

MGR = Manager

, Page: 4 of 5

2024-06-06 21:15:32 GMT

14076122181

_____ □Change

From: EMERSON CORREA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Title Name Address ______□Add _____ □Remove _____ □Change _____ □Add _____ □Remove _____ □Change ____ □Add _____ □ Change _____ □Remove

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Note: If the date inserted in this block document's effective date on the Depa	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	ıc
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