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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

Fax Number

: (407)612-2181

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Enter the email address for this business entity to be used for future $\stackrel{ ext{CP}}{\rightleftharpoons}$ annual report mailings. Enter only one email address please.**

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

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K. SALY

| cuSign Envelope ID: 397EC | 74A-3006-43CB-A157-51AACEF8C2D8 COVER LETTER |
|--------------------------------------|--|
| TO: Registration S Division of Co | |
| CAA USA | |
| SUBJECT: | Name of Limited Liability Company |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. |
| Please return all corresp | ondence 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 |

To: Sunbiz Page: 2 of 5 2024-07-01 15:49:33 GMT

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee

14076122181

From: EMERSON CORREA

| ; Sunbiz | Page: 3 of 5 | 2024-07-01 15:49:33 GMT | 14076122181 | From: EMERSON CORREA |
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| | CAA USA LLC | | | TIMSSEE, FLOSIA |
| | (Name of | the Limited Liability Company as it now (A Florida Limited Liability Con | appears on our records.) | 308707 |
| Tile A e'e | | mited Liability Company were filed | | andassioned |
| | | | OII | and assigned |
| Florida do | ocument number L2400027932 | , | | |
| This ame | ndment is submitted to amend | the following: | | |
| A. If am | ending name, enter the new | name of the limited liability comp | any here: | |
| CAA UNI | ITED LLC | | | |
| The new na | ane must be distinguishable and cor | ntain the words "Limited Liability Company | "the designation "LLC" or the | abbreviation "L.L.C." |
| Enter ne | w principal offices address, | if annlicable: | | |
| | d office address MUST BE A | • • | | |
| (17111Cy)a | i office data ess most be A | JARCET MORECHY | | |
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| Enter ne | w mailing address, if applies | ible: | | |
| (Mailing | <u>address MAY BE A POST O</u> | FFICE BOX) | | |
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| | | and/or registered office address on | our records, enter the n | ame of the new registered |
| agent an | d/or the new registered offic | <u>e a(idress here</u> : | | |
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| | Name of New Registered Ago | <u></u> | | |
| | New Registered Office Addre | 'SS' | | |
| | The artice district Control Addition | | ter Florida street address | |

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.

Cuy

. Florida_

Zip Code

To: Sunbiz

MGR = Manager

* Page: 4 of 5

2024-07-01 15:49:33 GMT

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From: EMERSON CORREA

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| AMBR = A | authorized Member | | |
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