

L240002781583

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax and ID number (shown below) on the top and bottom of all pages of the document.

((H240002781583))



H240002781583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

2024 AUG 20 AM 10:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 AUG 20 AM 8:30

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
DD SHOOTS PRODUCTIONS LLC

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

M. SOLOMON
AUG 20 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DD SHOOTS PRODUCTIONS 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 06/21/2024 and assigned Florida document number 1.2400028261S.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

32835

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 AUG 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	GUIJHERME MAINARDI RIBAS TOTI	4786 SPARKLING SHELL AVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ESTHER RIBAS DA SILVA TOTI	4786 SPARKLING SHELL AVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<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

2024 AUG 20 AM 10:40

SECRETARY OF STATE
TAMM HALL
TALLAHASSEE, FL 32310-0001

FILED

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

CHANGING TITLE OF MEMBER TO AMBR

CHANGING THE REGISTERED AGENT NAME AND ADDRESS TO: ICONNECT SOLUTIONS CORP

6735 CONROY ROAD STE 309

ORLANDO, FL 32835

ADDING EIN NUMBER: 99-4477623

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 20 AM 10:40

FILED

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 AUGUST, 19th 2024

Guilherme Toti

Signature of a member or authorized representative of a member

GUILHERME MAINARDI RIBAS TOTI

Typed or printed name of signer