

P20000094415

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ICONNECT SOLUTIONS CORP  
Account Number : 120190000122  
Phone : (407)863-0095  
Fax Number : (407)612-2181

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
VLF ASSET MANAGEMENT CORP

|                       |         |
|-----------------------|---------|
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VLF ASSET MANAGEMENT CORP

DOCUMENT NUMBER: P2000009415

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMERSON CORREA

Name of Contact Person

ICONNECT SOLUTIONS CORP

Firm/ Company

6735 CONROY ROAD STE 309

Address

ORLANDO, FL 32835

City/ State and Zip Code

CONTACT@ICONNECTSC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMERSON CORREA

Name of Contact Person

at ( 407 )

8630096

Area Code & Daytime Telephone Number

Mailing Address

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

Street Address

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

Articles of Amendment  
to  
Articles of Incorporation  
of

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VLF ASSET MANAGEMENT CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000094415

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(c), F.S.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

☒ Change                      PT        John Doe  
  
☒ Remove                      V        Mike Jones  
  
☒ Add                              SV        Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                                      | Address                                   |
|---|------------|---|---|
| 1) <input type="checkbox"/> Change            | <u>SEC</u> | <u>GABRIEL KUNHARSKI CARDOZO</u>          | <u>5216 NW 28TH ST</u>                    |
| <input type="checkbox"/> Add                  |            |   | <u>MARGATE, FL 33063</u>                  |
| <input checked="" type="checkbox"/> Remove    |            |   |   |
| 2) <input type="checkbox"/> Change            | <u>P</u>   | <u>PROPONTO MARKETING E SISTEMAS LTDA</u> | <u>ALAMEDA TOCANTINS 125 - MEZANINO 1</u> |
| <input type="checkbox"/> Add                  |            |   | <u>BARUERI, SP 06455--020 BR</u>          |
| <input checked="" type="checkbox"/> Remove    |            |   |   |
| 3) <input checked="" type="checkbox"/> Change | <u>P</u>   | <u>GUILHERME FOLTYS</u>                   | <u>RUA DAS AGUAS MARINHAS 214</u>         |
| <input type="checkbox"/> Add                  |            |   | <u>AMERICANA, SP 13471--210 BR</u>        |
| <input type="checkbox"/> Remove               |            |   |   |
| 4) <input type="checkbox"/> Change            | <u>V</u>   | <u>VIVIANA LUCHIARI</u>                   | <u>RUA DAS AGUAS MARINHAS 214</u>         |
| <input checked="" type="checkbox"/> Add       |            |   | <u>AMERICANA, SP 13471--210 BR</u>        |
| <input type="checkbox"/> Remove               |            |   |   |
| 5) <input type="checkbox"/> Change            |            |   |   |
| <input type="checkbox"/> Add                  |            |   |   |
| <input type="checkbox"/> Remove               |            |   |   |
| 6) <input type="checkbox"/> Change            |            |   |   |
| <input type="checkbox"/> Add                  |            |   |   |
| <input type="checkbox"/> Remove               |            |   |   |

(Attach additional sheets, if necessary). (Be specific)

CHANGING TITLE OF GUILHERME FOLTYS FROM VICE PRESIDENT TO>>> PRESIDENT

## CHANGING ADDRESS OF PRESIDENT GUILHERME FOLTY'S

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

**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.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☒ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
*(voting group)*

DECEMBER, 15, 2021  
Dated \_\_\_\_\_

Signature Guilherme Foltys  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PRESIDENT  
\_\_\_\_\_  
(Typed or printed name of person signing)  
GUILHERME FOLTYS  
\_\_\_\_\_  
(Title of person signing)

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