

2/1/23, 9:51 AM

Division of Corporations

**P22 000001890**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H230000416923)))



H230000416923480

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To:

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

From:

Account Name : ICONNECT SOLUTIONS CORP  
Account Number : 120190000122  
Phone : (407)863-0096  
Fax Number : (407)612-2181

FEB - 1 2023

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LUMIERE CREPERIA CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

2023 FEB 1 10:12

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TALLAHASSEE, FL

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H23000041692.3

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LUMIERE CREPERIA CORP

DOCUMENT NUMBER: \_\_\_\_\_

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)

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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

H23000041692.3

Articles of Amendment  
to  
Articles of Incorporation  
of

LUMIERE CREPERIA CORP

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

P22000001896

(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:**

HELORY LAW FIRM &amp; COLLECTOR CORP

*The new 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 ICONNECT SOLUTIONS CORP

6735 CONROY ROAD STE 300

(Florida street address)

New Registered Office Address: ORLANDO

(City)

Florida 32835

(Zip Code)

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

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

EMERSON CORREA

Signature of New Registered Agent, if changing

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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 | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <input type="checkbox"/> Remove    | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add       | _____ | _____ | _____ |
| <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    | _____ | _____ | _____ |

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**E. If amending or adding additional Articles, enter change(s) here:***(Attach additional sheets, if necessary) (Be specific)*

CHANGING COMPANY NAME

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:***(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.

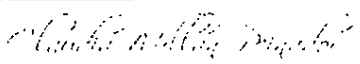
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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)"

JANUARY, 20, 2023  
Dated \_\_\_\_\_

Signature

  
(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)

CLAUDIA MILLAN PEINADOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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