

L13000112467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

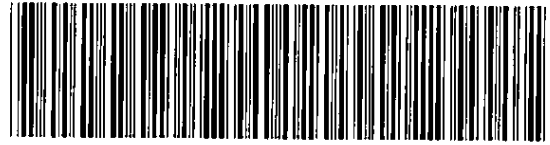
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400417862584

10/27/2023 10:34:01 AM

2023 OCT 31 PM 2:34
SECRET
11/17/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: iCONSTRUCTORS SF, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David W. Adams
Name of Person
Bennett, Jacobs & Adams, PA
Firm/Company
2109 East Palm Avenue, Suite 300A
Address
Tampa, FL 33605
City/State and Zip Code
dadams@bj-a-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Lee at **813 452-2902**
Name of Person Area Code & Daytime Telephone Number

SECRET
FILED
2023 OCT 31 PM 2:34

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

iCONSTRUCTORS SF, 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 08/08/2013 and assigned Florida document number L13000112467.

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 end with 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Tracy L. Pritchard	One Tampa City Center Suite 200 Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael J. Montecalvo	One Tampa City Center Suite 200 Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MRG	Kevin J. Murphy	One Tampa City Center Suite 200 Tampa, FL 33605	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2013 OCT 31 PM 2:34
 SUPERVISOR
 TAMPA

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

Dated 10/24/23



Signature of a member or authorized representative of a member

David W. Adams

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2023 OCT 31 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA