

5/4/23, 8:31:24 AM

L23000194998

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.  
Account Number : 120120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

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

Email Address: abenshimon@brileywealth.com  
L23000194998

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTELLSCENT LLC

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2023 5 5 PM 1:23

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

INTELLESCENT 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 APRIL 20 2023 and assigned Florida document number L23000194998

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:

4773 NW 103rd AVE

(Principal office address MUST BE A STREET ADDRESS)

BAY 25

SUNRISE, FLORIDA, 33351

Enter new mailing address, if applicable:

12531 COUNTRYSIDE TERR

(Mailing address MAY BE A POST OFFICE BOX)

COOPER CITY FLORIDA 33330

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 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.*

2023 APR 25 PM 1:00

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	HILA GUTGLAS	12531 COUNTRYSIDE TERR	<input type="checkbox"/> Add
		COOPER CITY FLORIDA 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARAK MIARA	5219 N HATUUS RD	<input type="checkbox"/> Add
		SUNRISE FLORIDA 33351	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

