

M17000009729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

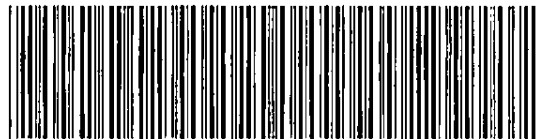
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP - 1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICARUS WORLD LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS LOPEZ MENDEZ
Name of Person

ICARUS WORLD LLC
Firm/Company

1407 FLIGHTLINE BLVD Ste 11
Address

DELAND, FL 32724
City/State and Zip Code

tyfani@ICARUSWORLD.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TYFANI LOPEZ MENDEZ at (904) 465-0846
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ICARUS WORLD LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

1407 FLIGHTLINE BLVD
SUITE 11
DELAND, FL 32724

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1407 FLIGHTLINE BLVD
SUITE 11
DELAND, FL 32724

2. The Florida document number of this limited liability company is:

M17000009779

3. Jurisdiction of its organization:

WY (STATE OF WYOMING)

4. Date authorized to do business in Florida:

NOV 15, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: LUIS LOPEZ MENDEZ

New Registered Office Address: 1407 FLIGHTLINE BLVD STE 11

Enter Florida Street Address

DELAND, Florida 32724

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 603, 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.

[Signature]

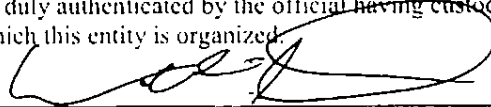
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WILLIAM LEGARD</u>	<u>1245 WESTOAK DR</u>	<input type="checkbox"/> Add
		<u>DELAND FL 32720</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LUIS LOPEZ MENDER</u>	<u>1101 OLD DAYTONA RD</u>	<input checked="" type="checkbox"/> Add
		<u>DELAND FL 32724</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>TIFFONI LOPEZ MENDER</u>	<u>1101 OLD DAYTONA RD</u>	<input checked="" type="checkbox"/> Add
		<u>DELAND FL 32724</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

William D LEGARD
Typed or printed name of signee

Filing Fee: \$25.00