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120 JUL 28 PM 2: 39

131 JUL 38 PM 2: 39

JUL 2 9 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ICT	INTERNAT	TIONAL LL	<u> </u>
	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	PABLO	J QUEVEDO	<u> </u>
	ICT INT	FRNATIONA Firm/Company	L LLC
	13827 50	U 94th ST. Address	
	DAVIE, FI	ORIOA 333	330
	PIQUEVE (16 E-mail address: (16	OO GRUPOICT	ication)
For further information ed	oncerning this matter, please ca	П:	
PABLO J	. QUEVEDO Person	at (<u>954</u>) <u>901</u> - Area Code Daytime	- 5708 e Telephone Number
Enclosed is a check for th	e 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)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	mpany as it now appears on (ted Liability Company)	OUT records.)	
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>LO5000102521</u> .			d assigned
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 L	iability Company," the designa	ation "LLC" or the abbreviation	on "1 ~2 0."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>	28 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SON STAN	I
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our recor	ds, <u>enter the name of the</u>	e new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	treet address	
	, Florida		
	City	Zip (Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a	agree to act in this capa	icity. I further agree to o	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.

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Name Title □ Change _____ Remove

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effect e: If	ive date is listed the date insert	, the date must ed in this blo	the crossitic and	cannot be prior i seet the applica	E 1, 20 o date of filing or mor ble statutory filing	re man 90 days aner 1	nal) iling.) Pursuant to 605, date will not be liste
ord : filed		iyed effective	e date, but not	an effective ti	me, at 12:01 a.m. oi	the earlier of: (b)	The 90th day after
:d	JUNE	ŕ	······································	2020	<u>)</u> . e.).		
		, <u></u>	Signature of a r	neigher or autho	rized representative of	l'a member	
				•			

Filing Fee: \$25.00