## W8000048047

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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A. BUTLER JAN - 7 2022

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	•	•
Icon Const	ruction Plumbing Restoration, I	rrc ,	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	John Peters		
		Name of Person	<del></del>
	Icon Construction Plumbin	g Restoration, LLC	
		Firm/Company	
	6900 SW 21 Court, Suite I	6	
	<del></del>	Address	
	Davie, FL 33317		
	·····	City/State and Zip Code	
	john@iconllc.us		
	E-mail address: ()	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
John Peters		954 551-9892 at()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ration, LLC	ica, fitta / /	1 1 1
(Name of the Limit	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)  pany)	<del></del>
he Articles of Organization for this Limited Lillorida document number L08000048047		May 13, 2008	ff and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	of the limited liability compa	ny here:	
he new name must be distinguishable and contain the w	words "Limited Liability Company,"	'the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
**		our records, <u>enter the name</u>	of the new regist
**		our records, enter the name	of the new regis
gent and/or the new registered office addre	<u>ss here</u> : 		of the new regist
	<u>ss here</u> : 	our records, enter the name er Florida street address , Florida	of the new regist

## 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Vazquez	6900 SW 21 Court, #16, Davie, FL 33317	□ Add
			Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□ Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			🗆 Change
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  December 17, 2021  [Optional]  (optional)  If an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.  Note: If the date inserted in filis block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The specific and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.  Dated  December of a member of suborized representative of a member  John Peters  The ATLANCE ARCHARGE  Signature of a peember or suborized representative of a member  John Peters	11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing:    December 17, 2021	_	
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Effective date, if other than the date of filing:    December 17, 2021	_	
Effective date, if other than the date of filing:  [Coptional]  [Copti		
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Dated	If an effec <u>Note:</u> If	the date, if other than the date of filing:
Signature of a member or authorized representative of a member		
	Dated _	DECEMBER 13 2021
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00