

LD8000069736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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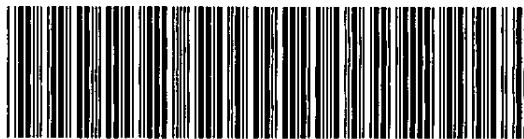
(Business Entity Name)

(Document Number)

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2008 OCT 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Consumer Assistance
(Name of Limited Liability Company) Network, LLC

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

Please return all correspondence concerning this matter to the following:

DAVID Oechurzo

(Name of Person)

(dba) I-CAN, LLC

(Firm/Company)

1314 E LAS OLAS BLVD #180

(Address)

Ft. Lauderdale FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID Oechurzo

(Name of Person)

at 800 935-6762

(Area Code & Daytime Telephone Number)

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

FILED

2008 OCT 27 PM 2:00

International Consumer Assistance Network
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) **LLC**

The Articles of Organization for this Limited Liability Company were filed on 7-18-08 and assigned
Florida document number L08000069736

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:

Steven J Condit

New Registered Office Address:

(SAME) principal

20055 LARINO Loop (Enter Florida street address)

1314 EAST LAS OLAS BLVD
Ft. Lauderdale FL 33301

(Ft. Lauderdale) (City)

Florida

(33328) (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

Title	Name	Address	Type of Action
MGRM	Austin Smith (RESIGNED)	18 Pecan Valley New City NY 10956	☐ Add ☒ Remove Remove
MGR	Steven J Condit	20055 LARINO Loop ESTERO, FLORIDA 33928	☒ Add ☐ Remove ADD
MGRM	David Occhiaro	1314 EAST LAS OLAS BLVD #180 FT. LAUDERDALE FL	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Changing David Occhiaro
from Agent to Managing Member

Dated

David Occhiaro

Signature of a member or authorized representative of a member

DAVID OCCHIARO

Typed or printed name of signee

2008 OCT 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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