

L11000136728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L11-136728

(Document Number)

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2013 JUL 26 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 26 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: International Consulting Endeavors

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kimberly A Joynt

Name of Person

International Consulting Endeavors

Firm/Company

34309 Shadewood Circle

Address

Leesburg, FL 34788

City/State and Zip Code

kimberly\_joynt@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Joynt

Name of Person

at ( 407 ) 575-5280

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2013

KIMBERLY A JOYNT  
34309 SHADWOOD CIRCLE  
LEESBURG, FL 34788

SUBJECT: INTERNATIONAL CONSULTING ENDEAVORS, LLC  
Ref. Number: L11000136728

We have received your document for INTERNATIONAL CONSULTING ENDEAVORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 913A00014935

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 JUL 26 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

International Consulting Endeavors, 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 12/05/2011 and assigned  
Florida document number L11000136728.

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:

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 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 amehding 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

| <u>Title</u> | <u>Name</u>           | <u>Address</u>                | <u>Type of Action</u>                   |
|--------------|-----------------------|-------------------------------|---|
| <u>MGR</u>   | <u>Oscar Robledo</u>  | <u>4692 Califa Drive</u>      | <input checked="" type="checkbox"/> Add |
|              |                       | <u>Las Vegas, Nv 89122</u>    | <input type="checkbox"/> Remove         |
| <u>MGR</u>   | <u>Stephan Martin</u> | <u>34309 Shadewood Circle</u> | <input checked="" type="checkbox"/> Add |
|              |                       | <u>Leesburg, Fl 34788</u>     | <input type="checkbox"/> Remove         |
|              |                       |                               | <input type="checkbox"/> Add            |
|              |                       |                               | <input type="checkbox"/> Remove         |
|              |                       |                               | <input type="checkbox"/> Add            |
|              |                       |                               | <input type="checkbox"/> Remove         |
|              |                       |                               | <input type="checkbox"/> Add            |
|              |                       |                               | <input type="checkbox"/> Remove         |
|              |                       |                               | <input type="checkbox"/> Add            |
|              |                       |                               | <input type="checkbox"/> Remove         |

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

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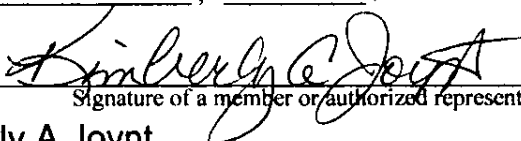
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Dated June 6, 2013



Signature of a member or authorized representative of a member

Kimberly A Joynt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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