

L13000112467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

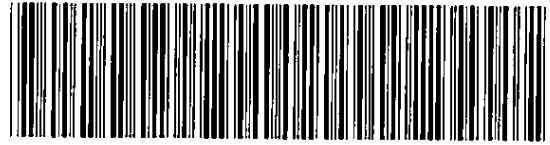
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/2023 10:30 AM

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SECRET
10/17/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **iCONSTRUCTORS SF, LLC**

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:

David W. Adams

Name of Person

Bennett, Jacobs & Adams, PA

Firm/Company

2109 East Palm Avenue, Suite 300A

Address

Tampa, FL 33605

City/State and Zip Code

dadams@bj-a-law.com

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

For further information concerning this matter, please call:

Linda Lee

Name of Person

813 452-2902

at ()

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

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OCT 31 2023

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FILED

iCONSTRUCTORS SF, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Tracy L. Pritchard	One Tampa City Center	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	
MGR	Michael J. Montecalvo	One Tampa City Center	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Tampa, FL 33602	
MGR	Kevin J. Murphy	One Tampa City Center	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Tampa, FL 33605	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TAMU

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

Dated 10/24/23



Signature of a member or authorized representative of a member

David W. Adams

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY
FALL RIVER