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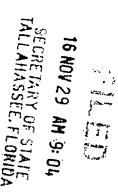
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section	on	·		
Division of Corpo				
SUBJECT:	<u></u>	es solution LC		
	(Name of Limit	ted Liability Company)		
	•			
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	Glavera	BASTOS		
		(Name of Person)		*
			7 P	;D
		(Firm/Company)	59 5	m
•	\	., .	AS P	m
•	1001 EAST SAN	uple ned 6e		2
		(Address)	3	CEIVED
	POMPANO BES	City/State and Zip Code)	SEE, FLORIDA	• • • • · · · · · · · · · · · · · · · ·
For further information con	cerning this matter, please ca	П:		
Glaven Bas	204	at (954) 24 5 91 2 (Area Code & Daytime T	3	
(Name of I	rerson)	(Area Code & Daytime 1	elephone 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)	sed)

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

7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ICES Solution	llc	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on LOLLO	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	::	— ' > అం	
(Principal office address MUST BE A STREET A	DDRESS)		
		DV 29 I	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	SIAIE	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
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 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>	Address	Type of Action
MBR	Mateus Una Mendes	Soll who Rd # 105 Cocont creek, FL 33073	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	16 NOV 29 AM 9: 04 SECRETARY OF SIATE
Dated	Signature see member	r or authorized representative of a member	<u>. </u>
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00