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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
	ESTIMENT LLC				
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing			
		-			
Please return all corresp	oondence concerning this matter	to the following:			
	ANGELICA M YEPEZ MORENO				
		Name of Person			
	ISIC INVESTIMENT LLO	2			
	Firm/Company				
	10776 NW 84TH LN UNI	Т 6			
		Address	-		
	DORAL FLORIDA 33178	3			
		City/State and Zip Code			
	ISICONSULTING2024@C	SMAIL.COM			
	E-mail address: (to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
ANGELICA M YEPEZ MORENO		÷1 786656700	2		
Name of Person		at () Area Code Daytii	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section		Street Address:	ection		
Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISIC INVESTIMENT LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on 05/30/2017 Florida document number 1.17000118280				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
ISIC CONSULTING LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the appreviation "L.L.C."		
Enter new principal offices address, if applicable:	2801 nw 87th avesuite 2D	OORAL, FL 33172		
(Principal office address MUST BE A STREET ADDRESS)		5 53		
		, ,		
Enter new mailing address, if applicable:		7		
Mailing address MAY BE A POST OFFICE BOX)		**		
3. If amending the registered agent and/or registered office a		-A Ab CAb		
igent and/or the new registered office address here:	address on our records, <u>e</u>	mer the name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	ddress		
		. Florida		
	Cuy	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Changa

· · · · · D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: $\underline{\underline{}}$ _ (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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member

ANGELICA M YEPEZ MORENO

Typed or printed name of signee

Filing Fee: \$25.00