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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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17 AUG 17 AN 11: 21

S. WARREN AUG 1 8 2017

COVER LETTER

	1.1	CA LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		CARLOS ROZO	
		Name of Person	
	LICA LLC Firm/Company		
	4960 NW 165 STREET UNIT B-6 Address		
		MIAMI FL 33014	
		City/State and Zip Code	
		ZOMA2644.CR@GMAIL.COM to be used for future annual report notifi	
War firsthan information	concerning this matter, please ca		ication)
rorrent mormanon	concerning this matter, piease ca	au.	
CAI	RLOS ROZO	786 818 2169 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

I.ICA LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	08/08/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company b	nerg:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the abb	reviation "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 or registered agent and/or the new registered office address her			
Name of New Registered Agent:			**-
New Registered Office Address:			
	Enter Fle	orida street address	
		Florida	
	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>		
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	eperformance of provided for in	f my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	POP FREDDO CORP	4960 NW 165 STREET unit B6	
		MIAMI FL 33014	■ Remove
			Change
			Add
			☐ Remove
			Change
		·	
			□ Remove
			Change
			□ Remove
			□ Change
 -			□ Add
			Remove Remove Re
			DANGE CONTRACTOR
			☐ Change

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	<u> </u>				
n effective date is liste te: If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	filing; fic and cannot be prion not meet the appli-	cable statutory filing	(option) ore than 90 days after fili g requirements, this da	al) ng.) Pursuant to 605.0207 ate will not be listed as
	s a delayed effect ter the record is f		ot an effective t	ime, at 12:01 a.n	n. on the earlier of
led	August 11	2017	// ,		JG 17 AM

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Filing Fee: \$25.00