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(Red	questor's Name)	·
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(Cit	y/State/Zip/Phon	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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(Do	cument Number)	1
Special Instructions to I	Filing Officer:	
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J. LEGGETT MAR 3 0 2018

COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:	Intercontine	ntal Insurance & Real Estate I	.I.C		
.5(/1)/11(.11	-	Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		Jennie Pleasant			
			Name of Person		
		Ortega & Figueroa Accour	nting & Tax Service, Inc		
Firm/Company					
		101 N State Road 7, Ste 11	H		
			Address		
		Margate, FL 33063			
			City/State and Zip Code		
		OFFaxService@gmail.com			
			to be used for future annual report notif	ication)	
For further in	nformation co	ncerning this matter, please ca	all:		
Jennie Pleas			954 974 3338 at () Area Code Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
•	•				
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	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:

TO:

Registration Section

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

Intercontinental Insurance & Real Estate 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 $\frac{03/05/2018}{}$ _____ and assigned Florida document number 1.18000057630 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Intercontinental Insurance & Real Estate Investment, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			C Add
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ctive date, if other than the d	late of filing:	/ 2018			(option:	ıl)	
effective date is listed, the date must be If the date inserted in this block	be specific and cannot be	prior to d					
ment's effective date on the Dep			e statutory i	imig requiren	icins, ans de	ic am not	DC HSIC
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e 90th day after the reco	rd is filed.						
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March 20th d	2018						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00