118000/633/6

	questor's Name)	
(ivec	tuesioi s Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
_	_	_
☐ PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
	•	
		1
Special Instructions to F	Filing Officer:	
		ŀ

Office Use Only



600317292666

მგ∕28/≯8--მ1826--882 →+38.58

18 AUG 20 PH 5: 34 SECKLIARY OF STATE

AUG 2 4 2018 T SCHROEDER

COVER LETTER

TO: 'Registration Se Division of Cor			
	Plastic Products LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John St. Hilaire		
	Aqua Life Plastic produc	Name of Person	
	4712 Ridge point Dr	Firm/Company	
	Tampa, FI 33624	Address	
	j@aqualifepro.com	City/State and Zip Code	
		to be used for future annual report n	otification)
For further information c	oncerning this matter, please ca	all:	
John St. Hilaire		813 451-7597 at ()	7
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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

Aqua Life Plastic Products LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000163316</u> .	ny were filed on July 5, 2018	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company here:				
Intelligent Custom Solutions LLC					
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		7. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13			
		新 有 .			
Enter new mailing address, if applicable:		20			
(Mailing address MAY BE A POST OFFICE BOX)		The second			
Muning data ess Mill BE A LOST OF FICE BOXY		25 Si D			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, 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 Agen	<u>ıt:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties,	and I am familiar with and			

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			QAdd TO
		·	Change
		 	☐ Add
			Remove
			Change
			Add
		n= L	□ Remove
			🗀 Change

amending any other information, enter change(s) h	nere: (мнасн а	ааннопан	sneets, y n	iecessary.	.)	
·					.		
				.			
			.				<u>-</u>
							
							
		-					···
							
					SEG ALL	18	
					金が	- C C C	77
					<u> </u>	2	1
					<u> </u>	3	- 5
					7.5.5A 1.0.30.E	- ဒ င်-	
					IE IDA	*	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the appearment's effective date on the Department of State's reconstitution.	prior to d oplicable	late of filing e statutory	g or more to	han 90 days a	ptional) ifter filing.) this date v	Pursuai vill not	nt to 605.02 be listed
record specifies a delayed effective date, but The 90th day after the record is filed.	t not a	n effect	ive time	e, at 12:0	1 a.m. c	n the	earlier
ted August 15 , 2018	<u> </u>						
Signature of a member or a	authorize	ed represen	tative of a	member			
John St. Hilaire							
Typed or p	printed na	ame of sign	nee				

Page 3 of 3

Filing Fee: \$25.00