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## **COVER LETTER**

Division of Cor	porations		
SUBJECT. INTELLI	GENT CUSTOM SOLU	TIONS LLC	
SUBJECT: WWW.		ited Liability Company	<del></del>
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		
		Name of Person	
	INTELLIGENT CUS	TOM SOLUTIONS LLC	
		Firm/Company	
	4011 East 21st A	venue, Suite 110	
		Address	
	Tampa, FL 33605		
		City/State and Zip Code	
		A@ Ay na lit	Te Drs. Culm
	E-mail address: (	to be used for future annual report notif	icati <del>d</del> n)
For further information c	oncerning this matter, please ca	a[]:	
Arin Faison		at (813 ) 390-7661	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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:

TO:

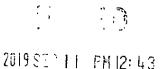
Registration Section

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



### INTELLIGENT CUSTOM SOLUTIONS 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 Liab	oility Company v 	vere filed on <u>7/5/2018</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabil	ity company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabili	y Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		4011 East 21st Avenue, Suite 110	
		Tampa, FL 33605	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Box)  B. If amending the registered agent and/or registered agent and/or the new registered office.	· registered off		
Name of New Registered Agent:	Registered	Agents Inc.	
New Registered Office Address:	7901 4th St N STE 300		
		Enter Florida stree	
	St. Petersb		, Florida <u>33702</u>
New Registered Agent's Signature, if changing Re	gistered Agent:	City	Zip Code

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
			Remove
			Change
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			Change
			Add
		Remove	
			Change

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(If an effect Note: 1	date, if other than the date of filing:
b) The 9	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	7/75, J-U/9.  Signature of a member or authorized representative of a member
	John St. Hilaire

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Typed or printed name of signee

Filing Fee: \$25.00