

(((H230002631073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page, Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131

Fax Number

: (888)453-0509

annual report mailings. Enter only one email address please.**.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL CONTRACTORS OF AMERICA LLC. -

Enter the email address for this business entity to be used for future

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

I. LEMIEUX

From: Tax

.COVER LETTER

TO: Registration So Division of Con		÷	
INTERŊA SUBJECT:	TIONAL CONTRACTORS OF	F AMERICA LLC	
	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:	
	JAVIER KAUFMAN		
		Name of Person	
		Firm/Company	
	1711 35TH ST		
		Address	
	ORLANDO, FL 32639		
	JAVIER@ICOACO.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	iwation)
For further information of	concerning this matter, please c	ail:	
JAVIER KAUFMAN		407 666-41 4 2	
Name o	of Person	Area Code Daytim	c Telephone Number
Enclosed is a check for t	he following amount:		
国 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL CONTRACTORS OF AMERIC	CA LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L18000205622	ny were filed on <u>08/28/2018</u>	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:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC"	or the abbreviation "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 office agent and/or the new registered office address here:	e address on our records, <u>enter ti</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Cuv. Flor	ida Zio 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.

18884530509

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PEDRO PASSOS	8353 LAKE SERENE DR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		ORLANDO, FI. 32836	_
			© Change
·• •••••••			□Add
		nadron	□ Remove
			□Add
			□Remove
			□ Change
		4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	□Add
			TRemove
			☐ Chunge
······································	- with the safe	Name properties by the common control to appropriate and properties and appropriate and approp	∴ CAdd
			Remove
			☐ Change
			□Add
		<u> </u>	□Remove
			☐ Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
_	
	
_	
_	
_	
_	
lfan cΩe <u>Note:</u> Ι	ve date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	July 27 2023
	Signature of a member or authorized representative of a member JAMOR LAUIN CLIP. Typed or printed name of signee