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(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	





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	gistration Sec rision of Corp			
SUBJECT:	INTERCOS	LLC		
SUBJEX, I.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspor	ndence concerning this matter	to the following:	
		JULIO ARAUJO		
		TOTAL CORPORATION	Name of Person SERVICES, INC.	
		6355 NW 36TH ST SUITE	Firm/Company	
		VIRGINIA GARDENS, FI	Address L 33166	
		asesor@corporacionesenusa	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please co	all:	
JULIO ARA	OLUZ		305 871-2525 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INTERC	COS LLC	
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L19000205456	ability Company	were filed on 08/12/2019	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liah	ility company here:	
INTERCOS INVESTILLC			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	<u></u>
(Principal office address MUST BE A STREET			2019
Enter new mailing address, if applicable:			1 8
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>		<u> </u>
			
B. If amending the registered agent and/or the new registered off			enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Flor	ida Zip 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.

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

<u>or remo</u>	ved from our records:		
MGR =	Manager		
AMRD:	= Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	1/A		□ Add
	'		☐ Remove
			☐ Change
			☐ Change
			
		□ Remove	
			□ Change
			☐ Remove
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		D Add	
			☐ Remove
			☐ Remove
			□ Change

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<u>Vote:</u> i	the date, if other than the date of filing:
a rocc	and specifies a delayed effective date, but not an effective time, at 10,01 a.m. on the resilients
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Both day after the record is filed.
	and any area. The record to med.
	1011 1 02 A 5
	Deplember 27 2019
Dated _	1/01/14
Dated _	<i>₩</i>
Dated _	ANIX A
Pated _	Signature Driving member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00