## 119000218084

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nai	me)
(D	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400332772584

Bar25/19-51 1--1.4 \*\*2

2019 SEP 23 PH 4: 06

## **COVER LETTER**

TO:	Registration So Division of Cor			
erm.	Intercostal	LI.C		
SURI	JECT:	Name of Lin	nited Liability Company	·
The e	nciosed Articles of	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter	_	
		Marina Kats		
			Name of Person	
			Firm/Company	<del></del>
		4770 Biscayne BLVD, #40	Address	<del></del>
		Miami, Fl. 33137	Address	
		mka@gpkleg.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notific	ration)
For fix	ether information c	oncerning this matter, please c	all:	
Marin	na Kats		786 3296220 	
	Name o	f Person	Area Code Daytime	Telephone Number
Encios	sed is a check for tl	ne following amount:		
<b>■ \$</b> 2	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

## -2019-SEP-2:3-PN-4:06

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

intercostal ELIC		
( <u>Name of the Limited Linhlin</u> (A Florida	ty Company as II now appears on our Limited Liability Company)	rerords,)
The Articles of Organization for this Limited Liability C	onipany were filed on 08/25/2019	and assigned
Florida document number £19000218084		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Interconstal € Li.C		
The new name must be distinguishable and contain the words "Lina	ited Linbility Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		**************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	···	
B. If amending the registered agent and/or regist		ecords, enter the name of the nev
registered agent and/or the new registered office addi	ress here:	
<u>.</u>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	C).	Florida
No. Doubles All of the control of th	City	21p Code
New Registered Agent's Signature, if changing Registered		
I hareby accept the appointment as registered agent of provisions of all statutes relative to the proper and consecutive to the proper and consecutive to the obligations of my position as registered agoeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dut yent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature of New Registered Agent

Page 1 of 3

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 ≔ A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			_ □ Acd
			☐ Remove
			□ Change
			☐ Remove
			Change
			□ Add
			T Remove
			☐ Change
<del></del>			D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

			<u></u>
	· <del></del>		
		<del></del>	
	······································		
ctive date, if other than the dat effective date is listed, the date must be g: If the date inserted in this block ament's effective date on the Depar ecord specifies a delayed ef- ne 90th day after the record	specific and cannot be prior to does not meet the applicat tment of State's records. fective date, but not	ole statutory filing requiren	ents, this date will not be liste
ed September 9	2019	_•	
	<del></del>		
Sign	nature of a member or author	ized representative of a memb	c:
	C /		
Thomas	- 2010-		

Filing Fee: \$25.00