## K20000037305

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Q. SILAS
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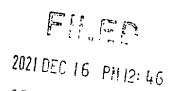
2021 DEC 16 PH 12: 46

## **COVER LETTER**

TO: Registration So Division of Cor			
CFL Acqui	sitions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julie Tait		
		Name of Person	
		Firm/Company	
	161 Azure Mist Way	· ······ conquiry	
		Address	
	Daytona Beach, Fl. 32124		
		City/State and Zip Code	
	juliet8t@gmail.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Julie Tait		321 427-1227 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CFL Acquisitions, LLC

(Name of the Limited Liability Company as it now appears on our records) | (Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{01-30-2020}{1}$ and assigned Florida document number 1.20000037305 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ICF Warehouse, LLC The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Flo<mark>rida \_\_\_</mark> 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 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
			□Add
			□Remove
			Change
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Filing Fee: \$25.00