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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jack Caven		
		Name of Person	<del></del>
	Intellectual Capital Adviso	ors, LLC.	
		Firm/Company	**************************************
Name of Person  Intellectual Capital Advisors, LLC.  Firm/Company  4.146-1A Henricks Avenue, Suite 148  Address  Jacksonville, Florida 32207  City/State and Zip Code advisor@icapadv.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Alec Singh  Name of Person  Area Code  S342121  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section			
	enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    Jack Caven		
	Jacksonville, Florida 3220	7	
	<del></del>	City/State and Zip Code	
	advisor@icapadv.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all;	
Alec Singh		904 8342121	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	· ·	Certified Copy	Certificate of Status &
			ction
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.230 11: 1.. 6: 01 Intellectual Capital Advisors, 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 Liability Company were filed on  $\frac{05/06/2020}{}$ and assigned Florida document number \_\_\_\_\_L20000123135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4446-1A Hendricks Avenue, Suite 148 Enter new principal offices address, if applicable: Jacksonville, FL 32207 (Principal office address MUST BE A STREET ADDRESS) 4446-1A Hendricks Avenue, Suite 148 Enter new mailing address, if applicable: Jacksonville, FL 32207 (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: Alec Singh Name of New Registered Agent: 4446-1A Hendricks Avenue, Suite 148 New Registered Office Address: Enter Florida street address Jacksonville

## 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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