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Certified Copies	_ Certificates	or Status
Special Instructions to	Eiling Officer	
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Office Use Only



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C. BRUMBLEY NOV 24 2021

COVER LETTER

TO:

TO: Registration So Division of Co			
SUBJECT:	dolize, LL(`,	
SUBJECT.		nited 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:	
	- Haria	A E. Herran	<u> </u>
	Ido	Firm/Company	
	70411	U. COMMERCIA Address Ste, (d Blud
	Tancir	City/State and Zip Code	319
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please e	all:	
Mana E	Hernandez	at (<u>954</u>) <u>736</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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	<u>s:</u>	Street Address:	
Registration Section Division of Corporations		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, I			e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ichlize, LLC,	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/04/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33319
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7041 w. commercial Blvd. Ste. 60 Tamarac, FL 33318
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida City - Zip Code
New Registered Agent's Signature, if changing Registered Agent:	25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publicated to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familious with and rowided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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 ador removed from our records: MGR = Manager AMBR = Authorized Member Title Address Name **Type of Action** · Hernandez 3100 coral Springs D Apt 2: Coral Springs FL 33 □Add □Remove _____ □ Change _____ □Add Remove ☐ Change

 \square Add ____ Remove □Add □Remove _____ □Change _____ □Add ___ □ Remove

_____ □Change

Effec	tive date, if other than the date of filing: (optional)
(If an et Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	M/2 PH
	Signature of a member or authorized representative of a member
	Harra E Hernandez

Filing Fee: \$25.00