

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000120903 3)))



H210001209033ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850)617-6383

**From:**

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
 Account Number : 120060000135  
 Phone : (305)789-3200  
 Fax Number : (305)789-4137

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: aherzowitz@stearnsweaver.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ICA 8000 PETERS HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**CLIENT MATTER NO. 45010.0001**

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 25 2021

RECEIVED

2021 MAR 25 PM 4:19

21 MAR 25 AM 8:58

FILED

H21000120903 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ICA 8000 PETERS HOLDINGS, 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 03/12/21 and assigned  
Florida document number L21000118721.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

N/A

**Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

Enter Florida street address  
City, Florida 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 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:

H21000120903 3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYSON M. RIDGWAY	333 LAS OLAS WAY, CUI	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INTALEX MANAGER, LLC	333 LAS OLAS WAY, CUI	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000120903 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 25 2021

Signature of a member of the

Signature of a member or authorized representative of a member

BRYSON M. RIDGWAY

Typed or printed name of signee

H21000120903 3