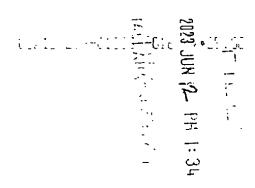
## L21000126776

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100410029311







TO:	Registration Section
	Division of Corporations

LA CL. SUBJECT:	AIM SERVICES, LLC		
	Name of Limi	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	JOSHUA C. FABROS		
		Name of Person	
		Firm/Company	<del></del>
	12187 HIGH ROCK WAY		
		Address	
	PARRISH, FL 34219		
		City/State and Zip Code	
	JOSHUAFABROS1@OUT		
	E-mail address: (t	to be used for future annual report noti	fication)
For further informati	on concerning this matter, please ca	all:	
JOSHUA FABROS		818 675-1468	
Na	mc of Person	Area Code Daytim	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e \$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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CLAIM SERVICES, LLC	<sup>2023</sup> JUN 12
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000126776</u>	eany were filed on $\frac{96-07-2023}{}$ and assigned
This amendment is submitted to amend the following:	
(Name of the Limited Liability Company as it now appears on our records)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on   (B Florida document number L21000126776  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  ICF SALES AND CONSULTING, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable: N/A  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: N/A  (Mailling 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 address here:  Name of New Registered Agent: N/A  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida Zip Code	
JCF SALES AND CONSULTING, LLC	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	5)
, 11	N/A
	ice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida etraat addesse
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, <u>enter the title, name, and address of each person being addedor removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
			□ Change
			□Add
		□Remove	
			Change
			□Add
			Remove
			Change
	<del></del>		□Add
		□Remove	
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change

Amending the name of the I	LC to: JCF SALES AND CONSULTING	<del></del>
* <del></del>		
<del></del>		
<del></del>	-	<del></del> _
·		
<del></del>		
	06/07/2023	
Effective date, if other than th	e date of filing: (optional)	
If an effective date is listed, the date mu  Note: If the date inserted in this h	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to lock does not meet the applicable statutory filing requirements, this date will not be	to 605,0207 (3) a listed as the
document's effective date on the I	epartment of State's records.	e usted as the
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	rafter the
Dated	2023	
	Al M	
<del></del>	Signature of a member or authorized representative of a member	_

Typed or printed name of signee