121000301534

(Requestor's	Name)
(Address)	
(Address)	
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PICK-UP W	/AIT MAIL
(Business E	ntity Name)
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COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	ICJ Tools S	Sales LLC		
SOOJE	C1	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Filing Department		
			Name of Person	
		BetterLegal		
			Firm/Company	
		750 North Saint Paul St St	uite 250, PMB 35833	
			Address	
		Dallas, TX 75201		
			City/State and Zip Code	·
		icj2931@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please co	all:	
Filing I	Department		(512) 969-233	39
	Name o	f Person	at () Area Code (512) 969-233	Telephone Number
Enclose	d is a cheek for th	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ICJ TOOLS SALES LLC			,
(Name of the Limi	ed Liability Company as it (A Florida Limited Liability	r Company) - ***	
The Articles of Organization for this Limited L. Florida document number L21000301534	iability Company were	filed on <u>06/30/2021</u>	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
<u>Principal office address MUST BE A STREE</u>	TADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o		address on our records, g	enter the name of the ne
Name of New Registered Agent:	Israel Adamis Cortes	Jimenez	
New Registered Office Address:	74 sw 15 th ter		
		Enter Florida street address	
	WINTER HAVEN	Florid	la ³³⁸⁸¹

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	482, SE, 27 AN 7: 29	Type of Action
		in -	□ Add
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fective date, if other than the date of n effective date is listed, the date must be speciote: If the date inserted in this block does cument's effective date on the Department.	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 is not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effect The 90th day after the record is f	tive date, but not an effective time, at $12{:}01\ a.m.$ on the earlier of filed.
September 14	2021
	() ACL

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00