

10/28/21, 3:57 PM

Division of Corporations

**L21000393213**

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.**

(((H21000401629 3)))



H210004016293ABCZ

**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 : ON-SITE ACCOUNTING INC  
Account Number : I20210000176  
Phone : (813)764-9516  
Fax Number : (813)764-0028

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 29 AM 11:10

FILED

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ICR CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 1 2021

S. PRATHER

Please abandon the previous attempt to file  
under fax audit # H21000396719.

Electronic Filing Menu

Corporate Filing Menu

Help

H21000401629 3

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICR Consultants, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yolanda Alarcon Hernandez

\_\_\_\_\_  
Name of Person

ICR Consultants, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 2213

\_\_\_\_\_  
Address

Seffner, FL 33584

\_\_\_\_\_  
City/State and Zip Code

yol.y.alarcon@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolanda Alarcon Hernandez

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H21000401629 3

H210004016293

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ICR Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 OCT 29 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 2, 2021 and signed  
Florida document number L21000393213.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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:

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

H210004016293

H21000401629 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Yolanda Alarcon Hernandez	P.O. Box 2213	<input type="checkbox"/> Add
		Seffner, FL 33584	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Manager	Michelle L. Alarcon	P.O. Box 2213	<input type="checkbox"/> Add
		Seffner, FL 33584	<input checked="" 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

H21000401629 3

H210004016293

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

EIN: 35-2728164

The managing member's name should be displayed as:

Yolanda - First Name

Alarcon Hernandez - Last Names

E. Effective date, if other than the date of filing: September 02/2021 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Dated

September 10

2021

Yolanda Alarcon Hernandez

Signature of member or authorized representative of a member

Yolanda Alarcon Hernandez

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 29 AM 11:10

FILED

H210004016293