

# L21000480634

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

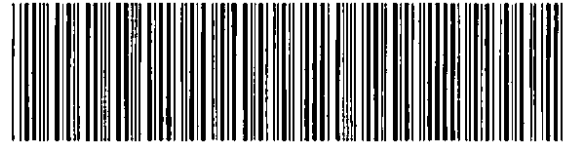
\_\_\_\_\_  
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JUL 21 PM 7:17  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
P. HUNT  
07/21/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ICOE CHIP 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:

Denise Allen-Puhl

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

ICOE CHIP LLC

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

4449 Chastain Drive

\_\_\_\_\_  
Address

Melbourne, FL 32940

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

icoepet@gmail.com

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

2023 JUN 21 PM 7:17

FILED

STATE OF FLORIDA  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Denise Allen-Puhl

508

243-4373

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

ICOE CHIP LLC

**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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FL  
JUN 21 PM 7:16

2023 JUN 21 PM 7:18  
CLARK COUNTY STATE  
LABORATORY, FL

2023 JUN 21 PM 7:18  
FLORIDA STATE  
MILWAUKEE, FL

(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)

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 the record is filed.

Dated July 18 2023

18  
Signature of a member

Signature of a member or authorized representative of a member

Denise Allen-Puhl

Typed or printed name of signee

**Filing Fee: \$25.00**