L21 000002671

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(·-···,	·· - ,
(Dr	cument Number)	
(3.	,	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	1
L		

Office Use Only



100383288101

03/14/22--01013--002 **25.00

221 - 14 16 1:24

T. MATTHEWS MAR 23 2022

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Austin Land Serv Name of	ICES LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	
Please return all correspondence concerning this ma	tter to the following:
	Name of Person
<u>Austin</u> L	and Services LLC Firm/Company
1462 old 1	Lillpond Rd. Address
	FL 32940 City/State and Zip Code
laura@a	UStinland Services Ic. com ss: (to be used for future annual report notification)
For further information concerning this matter, please	
Laura Wielenga Name of Person	at (407) 955 - 0212 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$ S25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Austin Land Se		221
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on ou led Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	any were filed on <u>Decer</u>	mber 23, 2021 and assigned
Florida document number <u>L22000002471</u> .		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records	s, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Austin	1462 Old Millpord Road	XAdd
		Melbourne, FL 32940	🗀 Remove
			□Change
			🖾 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		 	□Remove
		·	□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□ Chango

an e ote:	tive date, if other than the date of filing:
	ord 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 filed.
iteo	1 9 March . 2022 .
	Signature of a member of authorized representative of a member
	Laura Wielenga Typed or printed name of signee

Filing Fee: \$25.00