L22000120461

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De Certification and the Agent

37 MAY -9 PM 12: 13

T. MATTHEWS JUN 29 2022

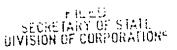
COVER LETTER

TO:

Registration Section

Division of Corporations			
	GROUP, LLC •	/ №	•
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	_	
. rease retain an eerresp	onderior concerning this matter	to the following.	
	MARTA M. FUERTES, C	CPA	
		Name of Person	
	MARTA M. FUERTES, C	CPA	
	 	Firm/Company	
	12186 SW 131 AVENUE		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	-
	mmfuertes@mfuertescpa.co	om to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	
MARTA M. FUERTES	-	305 234-9860	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ICATEX GROUP, LLC

22 MAY -9 PM 12: 13

(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records,)
The Articles of Organization for this Limited Liabil Florida document number L22000120461		022 and assigned
This amendment is submitted to amend the following	ng:	
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	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our recordere:	ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
<u> </u>		, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ESTEBAN GONZALEZ, RICARDO A		DAdd
			■Remove
			□Change
AMBR	ESTEBAN GONZALES, RICARDO A		= Add
			□Remove
			ÖChange
AMBR	MARTINEZ CHAVES, JESSICA G		□Add
			■ Remove
			□Change
AMBR	MARTINEZ CHAVEZ, JESSICA G		■Add
			□Remove
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the a	prior to date of filing pplicable statutory	or more than 90 days:	ptional) after filing.) Pursuant to 6 this date will not be li	05.0207 sted as
e record specifies a delayed effect rd is filed.	ive date, but not an effect	ive time, at 12:01 a	i.m. on the earlier of	(b) The 90th day af	ter the
Dated MAY 5,	2022				
Dated MAY 5,	, 2022	2			
Dated MAY 5,	Marte	Jus	de		
Dated MAY 5,	Signature of a member or	authorized represent	ative of a months		

Filing Fee: \$25.00