193000 Jorg 919

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800395493268

2001 - 1. 2. 1. 2. 2000 - 1

SECRETARY OF STATE TALLAHASSEE, FL

2022 HOV 14 NH 8: 58

COVER LETTER

Division of Corpo			
SUBJECT: NTE	RACTIVE C Name of Lis	OMMERCE SOLUTION mited Liability Company	oh rrc
The enclosed Articles of At	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	lence concerning this matte	r to the following:	
	NICK	FOUSECA Name of Person	
		Firm/Company	
	9838 NW	1st MANOR Address	
	CORAL SPE	Ethas FL. 33C City/State and Zip Code	21
	E-mail address:	(to be used for future annual report notifi	CECMAIL. COM
For further information con	cerning this matter, please	call:	
Name of P	FONSECA	at (<u>847)</u> 668 Area Code Daytime	S 9163 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERACTIVE COMMERCE SOLUTION LLC

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

(A Florida Limited Liability Company)

(A Florida Enfined	Limenty Company)	
The Articles of Organization for this Limited Liability Company Florida document number EIN 88-2627269	y were filed on <u>06-03-2022</u>	and assigned
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 Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		
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 "L.C." or the abbreviation "L.C." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) A. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abl	breviation "L.L.C."
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)		022 NOV 14 ECRETARRI TALLAHA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	F- 5
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
Now Donistoned Agent's Cignature of abancing Desistant Agent	4.	

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Nick Fonseca	9838 NW 1st Manor, Coral Springs, 33071	■Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
		-	□Remove □Change
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

_		
-		
	-	
		
<u>ote:</u> If	e date, if other than the date of filing:	207 as :
ecord : is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
11 1124	/07/2022	
········ —	115	
	righature of a member or authorized representative of a member	

Date of this notice: 06-03-2022

Employer Identification Number: 88-2627269

Form: SS-4

Number of this notice: CP 575 G

INTERACTIVE COMMERCE SOLUTION LLC NICK FONSECA SOLE MBR 9838 NW 1ST MNR CORAL SPRINGS, FL 33071

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-2627269. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.