

h22000276757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

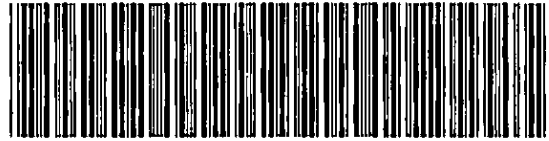
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

INTERKAPITAL CONSULTING GROUP LLC

SUBJECT: _____
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:

Mercedes Alonso

Name of Person

Premier Accounting & Compliance Solutions LLC

Firm/Company

3429 W 80 Street Unit 201

Address

Hialeah, FL 33018

City/State and Zip Code

mpatax11c@gmail.com

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

For further information concerning this matter, please call:

Mercedes Alonso

786

7094795

Name of Person

at (_____) _____

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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	Olga Gordillo Uribe	3429 W 80 Street #201	<input type="checkbox"/> Add
		Hialeah FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alba Lucia Buitrago Sanclemente	3429 W 80 Street #201	<input checked="" type="checkbox"/> Add
		Hialeah FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Helmer Carvajal Montes	3429 W 80 Street #201	<input type="checkbox"/> Add
		Hialeah FL 33018	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE FL

77

06/17/2022

E. Effective date, if other than the date of filing: _____ (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 the record is filed.

Dated July 6 2022

- DocuSigned by:

Helmer Carnival Montes

~~SECRET~~

Signature of a member or authorized representative of a member

Helmer Carvajal Montes

Typed or printed name of signee

Filing Fee: \$25.00