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COVER LETTER

TO: Registration Se Division of Cor						
INTERKA	PITAL CONSULTING GROU	IP LLC				
SUBJECT:						
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Mercedes Alonso					
		Name of Person				
	Premier Accounting	g & Compliance Solutions	LLC			
		Firm/Company				
	3429 w 80 Street t	Unit 201		SEC SEC	2022	
		Address	• • • •	一一系	SET	
	Hialeah, Fl 33018			TARY AHAS	P 26	i
	mpataxllc@gmail.com	City/State and Zip Code n		IRY OF STAT HASSEE, FL	2022 SEP 26 PM 2: 34	7
	E-mail address: (to be used for future annual report notifi	cation)	근달	 ည	
For further information c	oncerning this matter, please ca	all:		***	_	
Mercedes Alonso		786 7094795				
Name o	f Person	at () Area Code Daytime	Telephone Number	er		
Enclosed is a check for the	ne following amount:					
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	S60.00 F Certific Certifie	ate of Stat		
		(additional copy is enclosed)		d Copy al copy is en	close	
Mailing Addres		Street Address:				
Registration 9	Section	Registration Sect	tion			

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

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERKAPITAL CONSULTING GROUP LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 "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) 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

. Florida _

DocuSign Envelope ID: 053F4EBB-F013-43E1-B4A0-A6D5DF44B44F 11 amenuing Authorized rerson(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> AMBR	<u>Name</u> Olga Gordillo Uribe	<u>Address</u> 3429 w 80 Street #201	Type of Action
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		ніаleah FL 33018 	⊠Remove
4400	vales dessite to the	7420 00 1724	□Change
AMBR	Alba Lucia Buitrago Sanclemente	3429 w 80 Street #201	XIAdd
		Hialeah Fl 33018	
			□Remove
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or m ck does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3 g requirements, this date will not be listed as th
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
July 6 Dated	Mourts Signature of a member or authorized representative	
DocuSigned by:	M. M. H. C	
SFACOSFABCOARDS	ignature of a member or authorized representative	of a member
Helmer Carvajal M	lontes	
	Typed or printed name of signee	

Filing Fee: \$25.00