

LA3000342118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

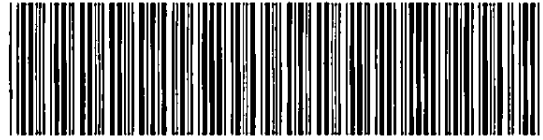
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700427894077

04/16/24--01047--027 \*\*60.00

FILED

2024 APR 16 PM 5:12

STATE  
CLERK  
OFFICE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Interfraternitiy Council at the Univeristy of Central Florida  
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:

Cody Truong

Name of Person

Interfraternity Council at the University of Central Florida

Firm/Company

4100 Greek Park Drive

Address

Orlando, FL 32816

City/State and Zip Code

ifcfinance.ucf@gmail.com

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

For further information concerning this matter, please call:

Cody Truong

at ( 727 )

688-4442

Name of Person

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Interfraternity Council at the University of Central Florida

**(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 July 19th 2023 and assigned  
Florida document number L23000342118.

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)**

4100 Greek Park Drive

Orlando, FL 32816

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4100 Greek Park Drive

Attn: IFC

Orlando, FL 32816

**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:

Cody Truong

New Registered Office Address:

3530 27th Ave N

*Enter Florida street address*

Saint Petersburg

*City*

Florida 33713

*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.*

*Cody Truong*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Matan Shaul Dalal	9030 NW 10th Place	<input type="checkbox"/> Add
		Plantation, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Austin Lauziere	351 Brooks St.	<input type="checkbox"/> Add
		Worcester, MA 01606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bryce Lister	4418 Greek Court	<input type="checkbox"/> Add
		Orlando, FL 32816	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cody Truong	3530 27th Ave N	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 December 9th, 2023

Cody Truong

Signature of a member or authorized representative of a member

Cody Truong

Typed or printed name of signee