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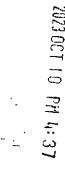
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Division of	「Corporations		
	ICOR INVESTMENTS LLC		
SUBJECT:	Name of Li	mited Liability Company	
T) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	64 1 2 2 3 6 2 4 3 2	1. Seed to a title	
The enclosed Article	es of Amendment and fee(s) are su	binitted for filing.	
Please return all con	respondence concerning this matte	er to the following:	
	Ka Sing Chang		
		Name of Person	
	PETRICOR INVESTME	NTS LLC	
		Firm/Company	
	1065 SW 8TH ST #2030		
		Address	
	Miami, 33130		
		City/State and Zip Code	
	info@ataxsolutionscorp.co		
		to be used for future annual report no	tification)
For further informat	tion concerning this matter, please	call:	
Ka Sing Chang		305 6006379 at ()	
N	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce S30.00 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)
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration S	Section
Division	of Corporations	Division of C	orporations
P.O. Box		The Centre of	
i alianas	see, FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
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 lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	2
		22
		130
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	<u></u>
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, g	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		_, Florida
	Ciţy	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 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>	Name	Address	Type of Action
MGR	ADRIANA CHACIN	17954 NW 59TH AVE UNIT 101	<u>≡</u> Add
		HIALEAH, FL 33015-5175	□ Remove
		#11/4 #11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change
MGR	JOHAN MANUEL SUAREZ	451 OPAL CT	
		ALTAMONTE, FL 32714	≣ Remove
			Change
			□Add
			□Remove
			□Change
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this occument's effective date on the	ust be specific and cannot be prior to date block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursustatutory filing requirements, this date will no	ant to 605.020 ot be listed as
ecord specifies a delayed effect is filed.	ve date, but not an effective time, a	a 12:01 a.m. on the earlier of: (b) The 90th	day after the
oted October 4th			
nted October 4th RQ SIN	? (heng		
nted Cottober 4th RQ SiN	3 (Net ng Signature of a member or authorized	representative of a member	