

7/9/24, 5:14 PM

Division of Corporations

L24000078447

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: abazo@rascoklock.com

RECEIVED

2024 JUL 10 AM 10:27

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INGECID AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

JUL 11 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INGECID AMERICA LLC

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

FILED
2024 JUL 10 AM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/15/2024 and assigned
Florida document number 124000078447.

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

City, Florida 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 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	SUBIRY, JUAN	2555 PONCE DE LEON BLVD SUITE 600	☒ Add
		CORAL GABLES FL 33134	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

FILED
2024 JUL 9 AM 3:33
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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

2024 JUL 10 AM 8:37
SECURITY FLORIDA
TALLAHASSEE

FILED

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 MAY 6 2024

RICO ARENAL JORN -
 77127524F
 2024 07/05 11:27.37 +02'00'

Signature of a member or authorized representative of a member

JOKIN RICO ARENAL- MANAGER

Typed or printed name of signee

Filing Fee: \$25.00