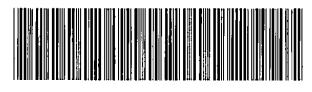
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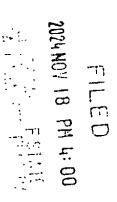
(Requestor's Name)
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PICK-UP WAIT MAIL
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ecial Instructions to Filing Officer:
J. HORNE DEC 16 2024

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### **COVER LETTER**

Registration Section **Division of Corporations** 

ICT INFRASTRUCTURE DESIGN LLC

3JECT:	Name of Lim	nited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	JAMES EDWARD KAW	СНАСК	
		Name of Person	<del></del>
	ICT INFRASTRUCTURE	E DESIGN LLC	
		Firm/Company	
	805 LAKE DRIVE		
	-	Address	<u> </u>
	ALTAMONTE SPRINGS	/FLORIDA 32701	
		City/State and Zip Code	<del></del>
	JKAWCHACK@AOL.CO		
	E-mail address: (	to be used for future annual report notif	ication)
further information o	oncerning this matter, please c	all:	
иES EDWARD KA	WCHACK	941 224-5706 at ( )	
Name o	f Person	at ()at ()Daytime	Telephone Number
losed is a check for the	he 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 Addres	···	Street Address	

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**

ICT INFRASTRUCTURE DESIGN LLC

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

Articles of Organization for this Limited Lida document number L24000189509	iability Company were filed on APRIL 2	3, 2024 and assigned
amendment is submitted to amend the follo	owing:	
f amending name, enter the new name of	f the limited liability company here:	No Name Amendment
ew name must be distinguishable and contain the w	vords "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
r new principal offices address, if applic	able:	<del></del>
icipal office address MUST BE A STREE	T ADDRESS)	
No address ch	onge	
r new mailing address, if applicable:		
ling address MAY BE A POST OFFICE	BOX)	
No address chan		
f amending the registered agent and/or r t and/or the new registered office addres	•	s, enter the name of the new registered
Name of New Registered Agent:	JAMES EDWARD KAWCHACK	
New Registered Office Address:	805 LAKE DRIVE	
	Enter Florida stre	et address
	ALTAMONTE SPRINGS	, Florida <sup>32701</sup>
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

ging Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records: No Authorized Person amendments. R = Manager BR = Authorized Member Name **Address Type of Action** \_\_\_\_\_\_ 🗆 🗖 Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ 🗆 🗀 Add 

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If the date insert	ed in this block doe	es not meet tl	he applicable			date will not be listed a
nent's effective da	te on the Departme	ent of State's	records.			
rd specifies a dela iled.	/ed effective date, l	but not an ef	fective time,	at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
	,	2	2024			
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Novem	per 1		1/ 0	<b>f</b> )		
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Novem	mes Ele Signatu	re of a member	Korweko er or authorize	d representative o	f a member	<del> </del>

Filing Fee: \$25.00

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ICT INFRASTRUCTURE DESIGN LLC

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

Articles of Organization for this Limited L	Liability Company were filed on APRIL 23	3, 2024	and assigned
rida document number L24000189509	·		
s amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name o	of the limited liability company here:	No N	ame Amendment
new name must be distinguishable and contain the	words "Limited Liability Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
er new principal offices address, if appli	cable:		
ncipal office address MUST BE A STRE	ET ADDRESS)		
No address ch			
er new mailing address, if applicable:			
iling address MAY BE A POST OFFICE	<u></u>		
No address cha	-ge		
If amending the registered agent and/or nt and/or the new registered office addre	registered office address on our records ess here:	, enter the nan	ne of the new registered
Name of New Registered Agent:	JAMES EDWARD KAWCHACK		
New Registered Office Address:	805 LAKE DRIVE		
<del> </del>	Enter Florida stre	et address	
	ALTAMONTE SPRINGS	, Florida <sup>32</sup>	2701
	City		Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability spany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records: No Authorized Person amendments. GR = Manager 1BR = Authorized Member <u>le</u> Name **Address** Type of Action □Add \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_\_ □Change \_\_\_\_\_\_ Change \_\_\_\_\_\_ Change

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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_	you	7.04	Signature	of a men	nher or	authoriz	ed repres	entative o	fament	)er			
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Filing Fee: \$25.00