## P15000019080

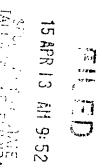
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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		COVER LETTER		T.C.	15 APR
TO: Amendment Section Division of Corpor				12 j	$\overline{\omega}$
NAME OF CORPORA	015	Liquidation So	ervices D	468672 319072	AH 9: 52
The enclosed Articles of	of Amendment and fac are s	submitted for filing.			
Please return all corresp	ondence concerning this m	ratter to the following:			
_		Tosh Powers Name of Contact Person		· <del></del> -	
-	T		ion Services		
-	Pa	O Box 22	427	<del></del>	
-		Ft. Lauderdal City/ State and Zip Cod	e Fl 3333	<u>35</u>	
	Jam sale E-mail address: (to be	es 0954@gma	notification)	-	
For further information	concerning this matter, ple	ase call:			
Josh Name of	Powers Contact Person	at (56) Area Co	213 - 8496 de & Daytime Telephone Nu	mber	
Enclosed is a check for	the following amount made	e payable to the Florida Dep	artment of State:		
\$35 Filing Fee Check#	☐\$43.75 Filing Fee & Certificate of Status	Catified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis	ing Address Idment Section Ion of Corporations Box 6327	Amen Divisi	Address Iment Section on of Corporations Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

	, UI		¥		
ICR Liquid	action Services	S		Gi	
(Name of Corporation as cu	rrently filed with the Flor	da Dept. of State)		APR	i.
P15	0000 19080	$\gamma$	<u></u>	$\overline{\omega}$	TZ BANK CYMPA E
(Document N	Number of Corporation (if ke	own)	11.,,	Par	177
Pursuant to the provisions of section 607.10	06 Florida Statutes this <i>Flit</i>	rida Profit Comoration advass si	e followie:		ndment(s) to
its Articles of Incorporation:	,		ari Um	25	(b) tt
A. If amending name, enter the new name	e of the cornoration:		1.30	10	
name must be distinguishable and contain	n the word "commonstion"	"Annual " or "incommeted"	on the el	_The hbravi	
<ul> <li>Enter new principal office address, if a (Principal office address MUST BE A STR)</li> <li>Enter new mailing address, if applical (Mailing address MAY BE A POST OF</li> </ul>	<u>reet address</u> ) -				
D. If amending the registered agent and/onew registered agent and/or the new r		in Florida, enter the name of t	<u>1e</u>		
	(Florida street	address)			
New Registered Office Address:	10:41	, Florida	in Codel		
	(City)	{2.	ip Code)		
New Registered Agent's Signature, if char I hereby accept the appointment as registere Signa			e position.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe		
X Remove	<u>V</u> <u>Mik</u>	o Jones		
_X Add	SV Sally Smith			
Type of Action (Check One)	Title	Name:	Address	
1) Change	<u>C</u>	Jorge Gil	3981 SW 30th Ave.	
Add Remove		_	Fort Landerdale, Fl 33312	
2) Change Add	<u>C</u>	Josh Powers	3981 SW 30th Ave. Fort Landerdale, F1 33312	
Remove 3) Change				
Add				
4) Change				
Remove				
5) Change	<del></del>	<del></del>		
Remove				
6) Change				
Remove				

If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
-	
······	<del></del>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cangeliation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)	
Chair man	
(Title of person signing)	