P22000092298

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2023 JAN -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL

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(Requestor's Name)

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(Business Entity Name)

(Document Number)

tified Copies _______ Certificates of Status _______

pecial Instructions to Filing Officer:

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'LORIDA CAPITAL COURIER SERVICES, INC
:330 CLARE DRIVE
'ALLAHASSEE, FL 32309
850) 524-5437
850) 524-6243

$35.00

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT 00

AUTHORIZATION: Jam Fuel

LC Deposits Development, Inc. P22000009298

Business Name **Document Number, (if known):**

___ Walk in ___ Pick up time_____

___ Mail out ____ Will wait___ Photocopy

___Certified Copy of Articles of Incorporation
__ Certificate of Status

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
___ **CORP**
___ **PLLC**

AMMENDMENTS

__X__Amendment
___Resignation of R.A. Officer/Director
__ Change of Registered Agent
____Dissolution
__ __Merger
__**Conversion**
____ **Statement of Revocation of Dissolution**

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ APOSTILO ____ **Country**

____Other

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

MINIER'S INITIALS:_____

COVER LETTER

Amendment Section
Division of Corporations

ME OF CORPORATION: I.C. DEPOSITS DEVELOPMENT, INC.

CUMENT NUMBER: P22000009298

enclosed *Articles of Amendment* and fee are submitted for filing.

se return all correspondence concerning this matter to the following:

LAWRENCE PRESSER
Name of Contact Person

LAWRENCE PRESSER
Firm/ Company

3208 SE 12th St. #303
Address

Pompano Beach, Florida 33062
City/ State and Zip Code

lpresse2001@yahoo.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

WRENCE PRESSER at (954) 979-8661
Name of Contact Person — Area Code & Daytime Telephone Number

losed is a check for the following amount made payable to the Florida Department of State:

$35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: I.C. DEPOSITS DEVELOPMENT, INC.
Ref. Number: P22000009298

We have received your document for I.C. DEPOSITS DEVELOPMENT, INC. and the authorization to debit your account in the amount of $35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please check only one (1) type of action for each officer listed in your document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 423A00000122

2023 J -5 PM 2:05

Articles of Amendment
to
Articles of Incorporation
of

FILED

I.C. DEPOSITS DEVELOPMENT, INC.

2023 JAN -5 AM 9:00

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FL

P22000009298

(Document Number of Corporation (if known)

rsuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

ENERLUX FLORIDA, INC.

The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," rc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word hartered," "professional association," or the abbreviation "P.A."

Enter new principal office address, if applicable: N/A
rincipal office address ***MUST BE A STREET ADDRESS***)

. **Enter new mailing address, if applicable:** N/A
(Mailing address MAY BE A POST OFFICE BOX)

. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent ZALMAN KEANAN

7284 W. Palmetto Park Rd. #205
(Florida street address)

New Registered Office Address: Boca Raton, Florida 33433
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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

ıch additional sheets, if necessary)

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

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

ınges 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 ıange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, e Jones, V as Remove, and Sally Smith, SV as an Add.

ımple:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

ɔe of Action (ıeck One)	Title	Name	Address
____ Change	P/S/T	ZALMAN KEANAN	7248 W. Palmetto Park Rd. #205
X Add			Boca Raton, Florida 33433
____ Remove			7248 W. Palmetto Patk Rd. #205
____ Change	P/S/T	REUVEN MICHAELI	Boca Raton, Florida 33433
____ Add			
X Remove			
____ Change			
____ Add			
____ Remove			
____ Change			
____ Add			
____ Remove			
____ Change			
____ Add			
____ Remove			
____ Change			
____ Add			
____ Remove			

f amending or adding additional Articles, enter change(s) here:
\ttach *additional sheets, if necessary). (Be specific)*

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

A

date of each amendment(s) adoption: ______________________________, if other than the
this document was signed.

ective date if applicable: DECEMBER 30, 2022
(no more than 90 days after amendment file date)

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nment's effective date on the Department of State's records.

ption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated DECEMBER 30, 2022

Signature ______________________________
(By a director, president or 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)

ZALMAN KEANAN
(Typed or printed name of person signing)

PRESIDENT/SECRETARY/TREASURER
(Title of person signing)