

P22000065102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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2024 OCT -1 PM 8:35
TALLAHASSEE, FL

FILED

43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ICK CORP

DOCUMENT NUMBER: P22000065102

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

Please return all correspondence concerning this matter to the following:

MARIO E. JUAREZ
Name of Contact Person
MB FINANCIAL GROUP PA
Firm/ Company
7370 COLLEGE PARKWAY SUITE 301
Address
FORT MYERS, FL 33907
City/ State and Zip Code
MARIO@MBACCOUNTINGPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO E. JUAREZ at (239) 246-9272
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

ICK CORP

FILED

2024 OCT 1 PM 8:35

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

P22000065102

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

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

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

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

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. 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

CARLA F KELLEMBERGER LOAIZA

4744 IMPERIAL EAGLE DRIVE

(Florida street address)

New Registered Office Address:

FORT MYERS

Florida

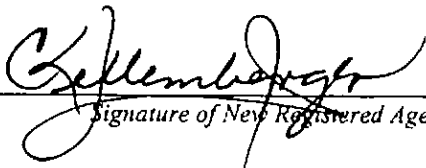
33966

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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.

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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	CEOP	CAMILA ORTIZ KELLEMBERGE	4744 IMPERIAL EAGLE DR
<input type="checkbox"/> Add			FORT MYERS, FL 33966
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	CEOP	CARLA KELLEMBERGER LOAIZA	4744 IMPERIAL EAGLE DR
<input checked="" type="checkbox"/> Add			FORT MYERS, FL 33966
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	VP	CAMILA ORTIZ KELLEMBERGE	4744 IMPERIAL EAGLE DR
<input type="checkbox"/> Add			FORT MYERS, FL 33966
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	TR	CAMILA ORTIZ KELLEMBERGE	4744 IMPERIAL EAGLE DR
<input type="checkbox"/> Add			FORT MYERS, FL 33966
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. 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)

RECLASSIFICATION OF STOCKS , NEW CEOP CARLA F KELLEMBERGER LOAIZA HAS A TOTAL
OF 80% OF SHARES OR 800 SHARES OF THE 1000 ORIGINAL SHARES PREVIOUSLY ISSUED.
CAMILA ORTIZ KELLEMBERGER NOW VP HAVE A TOTAL OF 20% OF THE SHARES OR 200 SHARES
FROM THE ORIGINAL 1000 SHARES PREVIOUSLY ISSUED.

08-22-2024

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

08-22-2024

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption 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):

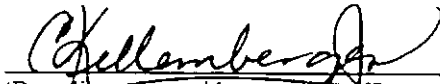
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

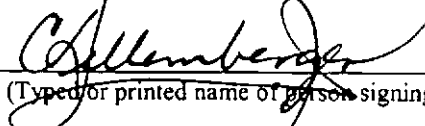
08-22-2024

Dated _____

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)



(Typed or printed name of person signing)

CARLA F KELLEMBERGER LOAIZA - CEOP

(Title of person signing)

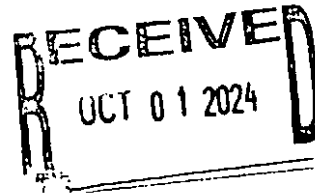


FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2024

MARIO E. JUAREZ
7370 COLLEGE PARKWAY
SUITE 301
FORT MYERS, FL 33907

SUBJECT: ICK CORP
Ref. Number: P22000065102



We have received your document for ICK CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 224A00019865

*Note:
Please See Attached Form
already Signed by CEOP.
Please Process this Form.
Thanks. CK*