

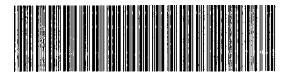
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

G. MCLEOD

MAY 1 0 2011

**EXAMINER** 



500207291205

500207291205 05/06/11--01032--020 \*\*25.00

11 MAY -6 AM IO: 55
SCORETARY OF STATE

## **COVER LETTER**

	gistration Section vision of Corporation	ons		<b>b</b>	*		
SUBJĘCT	Intermed	<del></del>	ts United Financial	Group, LLC			
The enclose	d Articles of Amend	ment and fee(s) are sub	omitted for filing.				
Please retur	n all correspondence	concerning this matter	to the following:				
		-					
			Firm/Company		-		
3800 North Ocean Drive, Unit 1050							
	-						
	_	E-mail address: (	to be used for future annual repo	ort notification)			
For further i	nformation concerni	ng this matter, please o	call:				
	er						
Enclosed is	a check for the follo	wing amount:					
\$25.00 F		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	ate of Status &		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intermediary Co (Name of the Limited	INSUITANT UNITED FINANC Liability Company as it now app Florida Limited Liability Company	ears on our records.)		
(A	Florida Limited Liability Company	7)		
The Articles of Organization for this Limited Lia	ability Company were filed on _	January 27, 2010	and assigned	
Florida document number L10000009	995			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :		
ICG I	United Financial Group, LL	.C		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
			-	
		SSE SERY	9 1	
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE E	<u></u>	L'S		
		NO.	55	
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the n	ame of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		in 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = M$	nager Ianaging Member		
<u>Title</u> `	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			Add Remove
	·	· · · · · · · · · · · · · · · · · · ·	
			Add Remove
	<del></del>		Add Remove
			Add
			_ <del>-</del>
	<del> </del>		Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			_
<del></del>			_
Dated	April 29 , 20	011 Cal	_
		or authorized representative of a member ter R. Cecchini Jr.	<del></del>
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00