

USLOW51282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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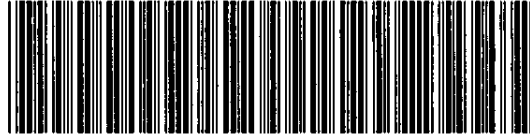
(Business Entity Name)

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TALLAHASSEE FLORIDA

APR 17 2015

2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICME INVESTMENTS, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL SARABJIT
Name of Person

MIKE'S TAX & ACCOUNTING, INC.
Firm/Company

269 N. UNIVERSITY DRIVE, SUITE B
Address

PEMBROKE PINES, FL 33024
City/State and Zip Code

INFO@1GLOBALTAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SARABJIT at (954) 893-1399
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ICME INVESTMENTS, LLC.

SECOND: The Florida Document number of the limited liability company is: L15000051282

THIRD: Document to be corrected is:
ELECTRONIC ARTICLES OF ORGANIZATION FOR FLORIDA LLC.

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

To correct spelling of Last Name:

INCORRECT NAME: LEONARDO MONTES RODRA-GUEZ

CORRECT NAME: LEONARDO MONTES RODRIGUEZ

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Delu Jagit, CPA

03/26/2015

Signature of Authorized Representative

Date

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TALLAHASSEE FLORIDA
CLERK OF STATE

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**