L21 000037457

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

5/8/2025

COVER LETTER

1 of 2

TO: **Registration Section**
Division of Corporations

SUBJECT: ICARE AWARE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN M LACOUR
Name of Person

ICARE AWARE LLC
Firm/Company

136 BROWN PELICAN DR
Address

DAYTONA BEACH, FL 32119
City/State and Zip Code

jeanlacour7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN M LACOUR at (407) 247-0860
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

■ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 MAR 25 AM 7:04

SECRETARY OF STATE
TALLAHASSEE, FL

ICARE AWARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/19/2021 and assigned Florida document number ~~L21000037457~~ L21000037457

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

JEAN M LACOUR
136 BROWN PELICAN DR
DAYTONA BEACH, FL 32119

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

JEAN M LACOUR
136 BROWN PELICAN DR
DAYTONA BEACH, FL 32119

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip 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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	LACOUR, JEAN M	136 BROWN PELICAN DR, DAYTONA BEACH, FL	■ Add
		1500 BEVILLE RD. STE 606-377, DAYTONA BEAC	■ Remove
			☐ Change
AMBR	BROWN MERRIWETHER, CHEF		☐ Add
		1500 BEVILLE RD. STE 606-377, DAYTONA BEAC	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOTE: NEW ADDRESS FOR: MGR LACOUR, JEAN M

ICARE AWARE LLC chooses NOT to list names & addresses of members, so please remove the following name

AMBR BROWN MERRIWETHER, CHERYL

THANK YOU.

E. Effective date, if other than the date of filing: MARCH 17, 2025 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 17 . 2025 .

Jean M. LaCour

Signature of a member or authorized representative of a member

JEAN M LACOUR

Typed or printed name of signee

Filing Fee: ~~$25.00~~ $30.00 Certificate of Status