L04000049429

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SECRETARY OF STATE
TALLAHASSEE, FLORID

NN - 1 2009

J. BRYAN

JUN - 9 2009

EXAMINER

COVER LETTER

то:	Registration Section of Corp				
SUBJE	СТ:	The Lamo	n Company, LLC		
		Name of Limi	ted Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		<u></u>	C David Lamon, III		SECRETA TALLAHA
			Name of Person		器量二
The Lamon Cor		The Lamon Cor	mpany, LLC/ I C Manageme	nt, LLC	ASS A
			Firm/Company		原星日
181 Matts Way			FILED JUN-8 PH 2: 13 ECRETARY OF STATE		
			Address		RIE 3
		Santa	a Rosa Beach, FL 32459		
			City/State and Zip Code		
		E-mail address: (i	lamon99@yahoo.com to be used for future annual report notifice	ation)	
For furt	her information co	ncerning this matter, please c	·	,	
		vid Lamon	ar ()	85-6455	-
	Name of I	Person	Area Code & Daytime	Telephone Numbe	Г
Enclose	d 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)	Certified	ite of Status &
		IG ADDRESS: ion Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2009

C DAVID LAMON, III THE LAMON COMPANY, LLC 181 MATTS WAY SANTA ROSA BEACH, FL 32459

SUBJECT: THE LAMON COMPANY, LLC

Ref. Number: L04000049429



We have received your document for THE LAMON COMPANY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P07000135402, IC MANAGEMENT INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 009A00018276

ARTICLES OF AMENDMENT TO' ARTICLES OF ORGANIZATION OF

SECRETALSSE	NA 8-MILEO	FILED
	IF STATES	2: 13

	The Lamon Company, LL0	3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Name of the)	Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	ORDER
The Articles of Organization for this Lin	mited Liability Company were filed on	7/1/2004	and assigned
Florida document numberL040	000049429		
This amendment is submitted to amend	the following:		
A. If amending name, enter the new r	name of the limited liability company he	ere:	
	I C Management, LLC	ICL Man	agement, LLC
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	oany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if	f applicable:		
(Principal office address MUST BE A S	STREET ADDRESS)		
			
Enter new mailing address, if applical	ble:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OF	FFICE BOX)		
	-	······································	
B. If amending the registered agen registered agent and/or the new regist	nt and/or registered office address on ered office address here:	our records, enter	the name of the new
Name of New Registered Ager	nt: Stacy M Lamon	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Addres			
	E	nter Florida street add	dress
	Santa Rosa Beach	, Florida	32459
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nnager Managing Member	• •	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			[] D
			Add Remove
			Add Remove
			Add Remove
			
D. If amend	ding any other information	n, enter change(s) here: (Attach additional	FILE 09 JUN -8 PM SECRETARY OF FALLIAHASSEE, F
Dated	May 20		STATE CORIDA
	Signatu	ure of a member or authorized representative of	a member
		Clarence David Lamon, III	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00