-205000 102729

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

MAY 1 1 2010

EXAMINER

COVER LETTER

TO: _Registration Section

' Division of C	orporations		
SUBJECT:	ICF	Builders, LLC	
		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
		Rob Bundy	
		Name of Person	
	ICF Builders, LLC		_
		Firm/Company	
	947 Beville Rd #2		
	Address		
	Sci	outh Daytona, FL 32119	
		City/State and Zip Code	
		(to be used for future annual report notification	CO.22
For further information	concerning this matter, please	call:	The second second
	Rob Bundy	at (_386_)898	3-0573 FS N
Name	of Person	Area Code & Daytime Tel	lephone 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 Riling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns
, , , , tanan	100000, FL 34314	Tallahassee, FL 32301	Chole

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICF Build	ders, LLC		
ed Liability Compa (A Florida Limited	a <mark>ny as it now appe</mark> a Liability Company)	rs on our record	<u>is.</u>)
Liability Company	y were filed on	October 18,	2005 and assigned
02729			
llowing:			
of the limited lia	bility company he	<u>re</u> :	
ICF & Assoc	ciates, LLC		
vith the words "Lim	nited Liability Comp	any," the designa	tion "LLC" or the abbreviation
icable:	same		
(Principal office address MUST BE A STREET ADDRESS)			
			AST Y
	same		SER
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7 3 17
<u> </u>			
•			DATE TO
l/or registered o	ffice address on	our records, <u>e</u>	nter the name of the new
same			
same			
same	En	ter Florida stre	et address
same	En	ter Florida stre , Flori	_
	Ed Liability Comp. (A Florida Limited Liability Compan.) (A Florida Limited Liability Compan.) (A Florida Limited Liability Compan.) (B Liability Compan.) (B Liability Compan.) (CF & Association of the limited liability Compan.)	Liability Company were filed on	A Florida Limited Liability Company) Liability Company were filed onOctober 18, O2729 Company were filed onOctober 18, O2729 Company were filed onOctober 18, O2729 Company were filed onOctober 18, October 18, Octob

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nnager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	No CHANGES		Add ☐ Remove
	<u>,</u>		Add Remove
			Add Remove
	<u> </u>		Add Remove
***************************************			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
_ 		TELETIASSEE, FLORIDA	TO HAY OF SHE
Dated			
	RUBERT	ber or authorized representative of a member 5 3000 y and or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00