

L060000076236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

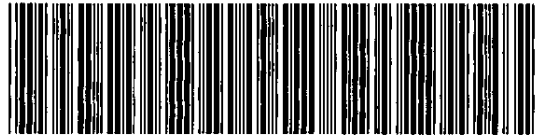
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
MAR 10 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICB 1810, 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:

AURORA PENALVER, ESQ.

Name of Person

PENALVER & PENALVER, P.A.

Firm/Company

2655 LEJEUNE RD., SUITE 508

Address

CORAL GABLES, FL 33134

City/State and Zip Code

PENALVERLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AURORA PENALVER, ESQ.

Name of Person

at (305)

579-9000

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ICB 1810, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 8/1/2008 and assigned
Florida document number L06000076236

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

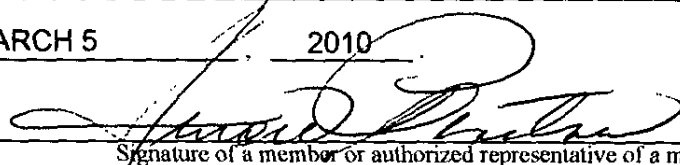
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DIVINITY SHINE Properties, Inc.	2655 LeJeune Rd. Suite 508 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DE VALDEON VEGAS, Jose Luis Diez	C/O DOCTOR VILLACIAN 45-8D VALLADOLID, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PEREZ DOMINGUEZ, Jose Antonio	PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MUNOZ-REPISO Carreno, Concepcion	PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PEREZ MUNOZ-REPISO, Francisco J.	PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MUNOZ-REPISO, Alberto Perez	C/O MARIANO DE LOS COBOS 6-2E VALLADOLID, SPAIN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

Please see attachment for
removal of other mgrm.
Thank you.

Dated MARCH 5 2010



Signature of a member or authorized representative of a member

AURORA PENALVER, ESQ. / REGISTERED AGENT

Typed or printed name of signee

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
MGRM	MUNOZ-REPISO, PALOMA PEREZ	PASEO DE ZORILLA 22-8B 47006 VALLADOLID, SPAIN	<input type="checkbox"/> ADD <input checked="" type="checkbox"/> REMOVE

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TALLAHASSEE, FLORIDA