## LD6000076236

(Re	equestor's Name)	_
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(Ci	ty/State/Zip/Phone	9 <del>#</del> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
`	,	,
<u> </u>	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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10 MAR 31 AM IO: 42

SECRETARY OF STATE

... COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	ICB	1810, LLC		
1			ited Liability Company		
		f Amendment and fee(s) are sul	_		
		AUF	RORA PENALVER, ES	6Q.	
			Name of Person		
		PENA	LVER & PENALVER,	P.A.	
			Firm/Company		
2655 LEJEUNE RD., SUITE 508			508		
		**************************************	Address		
		COI	RAL GABLES, FL 331	34	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
			NALVERLAW@AOL.O  to be used for future annual repo		
For fu	rther information	concerning this matter, please	•	·	
		A PENALVER, ESQ.	at (_305 )	579-9000	
•	Name	of Person	Area Code &	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er		of Status &
		LING ADDRESS: tration Section	STREET/C Registration	OURIER ADDRESS:	
	Divis	ion of Corporations Box 6327		Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

FILED 10 MAR 31 AM 10: 43

ICB 181	0, LLC	SEURET,	ARY OF STATE
ICB 181 (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear Liability Company)	s on our recolds.)4/1/A	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	08/01/2006	and assigned
Florida document number <u>L06000076236</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2655 LeJeun	e Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Suite 508		
	Coral Gables	, FL 33134	
Enter new mailing address, if applicable:	P.O. BOX 14-	-1674	
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GAB	LES, FL 33114	, , ,
		·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new
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

Page 1 of 2

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:

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
<del>, ,,.</del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary	·)
_			10 MAR SECRET
Dated	03/29/2010 , _	169.7	FILED 10 MAR 31 AM 10: 43 SECRETARY OF STATE FALL HASSEE, FLORID
	•	ember or authorized representative of a member	EEE TO
	T OA	RORA PENALVER, ESQ. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00