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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oettinger APR 1 2010

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

NAPENALVERLAW@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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

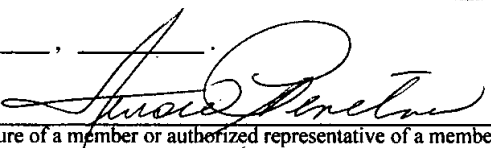
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated 03/29/2010, _____


Signature of a member or authorized representative of a member

AURORA PENALVER, ESQ.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA