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COVER LETTER

TO:				
CUD IE	ICPEMIR,	LLC		
SUBJEC	~I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MADELEINE D LONGA	RAY, P.A.	
	Division of Corporations CPEMIR, LLC			
		LONGARAY & ASSOCI	ATES, INC.	
	Division of Corporations ICPEMIR, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: MADELEINE D LONGARAY, P.A., Name of Person LONGARAY & ASSOCIATES, INC. Firm/Company 8360 WEST FLAGLER ST, STE 203 Address MIAMI, FL 33144 City/State and Zip Code madeleine@longaray.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ADELEINE D LONGARAY Name of Person Area Code Area Code Daytime Telephone Number Losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			
Division of Corporations Company				
	Division of Corporations ICPEMIR, LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: MADELEINE D LONGARAY, P.A. Name of Person LONGARAY & ASSOCIATES, INC. Firm/Company 8360 WEST FLAGLER ST, STE 203 Address MIAMI, FL 33144 City/State and Zip Code madeleine@longaray.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ELEINE D LONGARAY Name of Person At (a) S53-9801 Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			
		MIAMI, FL 33144		
Division of Corporations Common				
Division of Corporations ICPEMIR, LLC				
	For furth	er information o	concerning this matter, please ca	all:
MADEL	LEINE D LONG	ARAY)1
	Name o	f Person		sytime Telephone Number
Englosed	lis a sheek for t	he following amount:		
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
ŀ				URIER ADDRESS:
	Divisio	on of Corporations	Division of Co	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICPEMIR, LLC			
(<u>Name of the Lim</u>	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited I Florida document number L09000016776	Liability Compa	ny were filed on 02/19/2009	and assigned
This amendment is submitted to amend the fol	lowing:		
The Articles of Organization for this Limited Liability Company were filed on 02/19/2009			
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		*
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	S BOX)	N/A	
			nter the name of the new
Name of New Registered Agent:	N/A	·	ANN CO
New Registered Office Address:	N/A		75. 3 17.
		Enter Florida street address	ORID.
	<u> </u>	, Florid	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CLAUDIO G BALTULIONES	8851 HARDING AVE, MGRS OF	
		SURFSIDE, FL 33154	Remove
			Change
AMBR	MARIA FLORENCIA LOZA	8851 HARDING AVE, MGRS OF	Add
		SURFISE. FL 33154	■ Remove
			☐ Change
MGR	MADELEINE D LONGARAY	8360 WEST FLAGLER ST STE 20	⊟ Add
		MIAMI, FL 33144	Remove
			Change
			Remove
			SSN D Change
			Add Remove
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Effective date, if other than the	J_4 C C!!!	
f an effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing. Parsuant to ock does not meet the applicable statutory filing requirements, this date will not be lied.	05.0207
document's effective date on the De	epartment of State's records.	SICCI AS
		*
ne record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the ear ord is filed.	lier of
OCTOBER 25,	2016	
, /		
	Signature of a member or authorized representative of a member	
	Significant of a member of authorized representative of a member	

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Filing Fee: \$25.00