L09000067644

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SECRETARY OF STATE
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J. BRYAN

DEC - 1 2009

EXAMINER

COVER LETTER

то:	Registration S Division of Co					
CHDIE	·CT.	INVESTMENT CONSULTING IC 5, LLC				
SUBJECT: HNV			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
			STEVEN C KLEIN			
		**	Name of Person			
		STE	EVEN C KLEIN CPA PA			
			Firm/Company	SE SE		
4		1	1776 W SAMPLE RD # 10.5	9 NOV 30 PM 2: 52 SECRETARY OF STATE FALLAHASSEE, FLORING		
-	•		Address	ARY ASSE		
		COF	RAL SPRINGS FL 33065	파일 로		
-			City/State and Zip Code	STA 2: 5		
		F-mail address:	gita@skleincpa.com (to be used for future annual report notification)	:52		
For fur	ther information	concerning this matter, please		·		
	STE	EVEN C KLEIN	at (954) 345-3696			
	Name	of Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (of Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations 3ox 6327	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

INVESTMENT (CONSULTING IC	5, LLC	
(<u>Name of the Limited Liability (</u> (A Florida Lia	mited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Con	mpany were filed on	7 - 14-09	and assigned
Florida document numberL0900067644	.·		
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	W 11 W		
(Principal office address MUST BE A STREET ADDRE	ESS)		7000
			EE 9 T
Enter new mailing address, if applicable:			30 ARY SSE
(Mailing address MAY BE A POST OFFICE BOX)			TO TO
			2:5
	1 .00		5mi >>
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, <u>enter</u>	the name of the ne
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 Address Type of Action Title Name TONY DEZI MGR 2025 NW 102 AVE SUITE 105 ✓ Add MIAMI_EL_33172 Remove PAOLO DEZI MGR 2025 NW 102 AVE SUITE 105 **✓** Add Remove MIAMI, FL 33172 _ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE MEMBER FROM: IC I, LLC TO: INVESTMENT CONSULTING IC I, LLC 11-13 2009 Dated _____ Signature of a member or authorized representative of a member STEVEN C KLEIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00