209000667478

(Requestor's Name)						
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
PIÇK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status.				
Special Instructions to Filing Officer:						
I						

Office Use Only



600160450926

09/11/09--01014--007 **25.00

FILED

09 SEP || AM ||: 42

SECRETARY OF STATE
ALLAHASSEF, FLORING

D. BRUCE

SEP 1 4 2009

EXAMINER

- COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJECT: INVESTMEN			CONSULTING IC 1	I, LLC	
		Name of Lin	nited Liability Company		
The en	closed Articles of A	mendment and fee(s) are so	ubmitted for filing.		
Please	return all correspon	dence concerning this matter	er to the following:		
			STEVEN C KLEIN		_
			Name of Person		
		ST	STEVEN C KLEIN CPA PA		
			Firm/Company		_
		117	776 W SAMPLE RD#		
			Address		-
		CO	RAL SPRINGS, FL 33	3065	TAL SE
			City/State and Zip Code		POSEP OSECRETA
		F mail address	gita@skleincpa.com	port notification)	SE -
For fur	ther information as	ncerning this matter, please		jort notification)	AMII: 42
i oi iui	ther information co		, can.		ARII: 40 OF STATI
		'EN C KLEIN	at (_954_)	345-3696	ATE ATE
	Name of	Person	Area Code &	& Daytime Telephone Numb	er 🦫
Enclos	ed is a check for the	e following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certific enclosed) Certific	riling Fee, cate of Status & ed Copy onal copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division o Clifton Bu	f Corporations	

and the second of the second o

Tallahassee, FL 32301

The control of the second section are a second

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENT C	CONSULTING IC 1	, LLC	·
(<u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Cor	npany were filed on	7-14-2009	and assigned
Florida document number L0900067678			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compan	y," the designation "	LLC" or the abbreviation
			09 7ALL
Enter new principal offices address, if applicable:			<u> > </u>
<u>(Principal office address MUST BE A STREET ADDRE</u>	<u></u>		ASS TO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			NOA LZ
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Ente	er Florida street add	dress
	,, <u> </u>	, Florida	,
	City		Zin 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 fittle, name, and address of each Manager or Manager or Manager.

	Type of Action	Z Add	A Add	Add Remove	A Add	 Add
	Address	2025 NW 102 AVE # 105 MIAMI EL 33172				
MGR = Manager MGRM = Managing Member	Name	PAOLO DEZI				
MGR = Manager MGRM = Managi	Title	MGRM				

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

	2009	Storature of a member or subscrized entrecentative of a member	PAOLO DE ZI	oes or printen famile of signee Page 2 of 2	Filing Fee: \$25.00
	8-25				
	Dated	- MLLAHASSEE, FLORIDA	SECRETARY OF S	09 SEP 11 AM 11.1 2	FILED