

L090000067678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

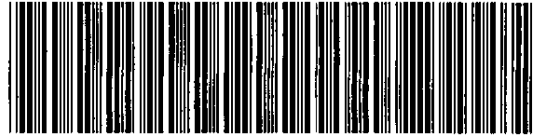
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 14 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INVESTMENT CONSULTING IC 1, 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:

**STEVEN C KLEIN**

Name of Person

**STEVEN C KLEIN CPA PA**

Firm/Company

**11776 W SAMPLE RD # 105**

Address

**CORAL SPRINGS, FL 33065**

City/State and Zip Code

**gita@skleincpa.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**STEVEN C KLEIN**

Name of Person

at ( 954 )

**345-3696**

Area Code & Daytime Telephone Number

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**09 SEP 11 AM 11:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

## INVESTMENT CONSULTING IC 1. LLC

(A Florida Limited Liability Company)

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:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PAOLO DEZI	2025 NW 102 AVE # 105 MIAMI, FL 33172	<input checked="" 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 8-25, 2009

Signature of a member or authorized representative of a member

PAOLO DEZI

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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