1100000525642

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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July 26, 2013

Department of State Division of Corporations Apostille Certification Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (850) 245-6945

Registration Section,

Per our conversation earlier today I am submitting an amendment to the Article of organization of the company listed below.

IC2 Partners, LLC

Document # L10000025642

As you advised, you will find one money orders to cover the required fee(s).

Money Order # 21334513353

i/a/o \$55.00 (Document Request)

As follows, please be so kind to forward the certified copy to us, using the prepaid ID enclosed FedEx envelope, to the following address:

IBT- Group LLC 1200 Brickell Avenue, Suite 1700 Miami, Florida 33131

Thank you in advance,

Legal Coordinator

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

IC2 Partners,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:

Andrea Mon

Name of Person

IBT Group, LLC

Firm/Company

1200 Brickell Avenue Suite 1700

Address

Miami, Florida 33131

City/State and Zip Code

andrea.mon@ibtgroup.com

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

For further information concerning this matter, please call:

Andrea Mon

_{31,} 305 \ 358-5055

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IC2 Partners,LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/08/10	and assigned
Florida document number L10000025642	·	
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 Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	<u> </u>
Enter new mailing address, if applicable:	<u>·</u>	HASS
(Mailing address MAY BE A POST OFFICE BOX)		
•		LORID FIGRID
B. If amending the registered agent and/or register registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
·	Circ	, Florida Zip Code
	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 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>	Address	Type of Action
MGR	Enrique Navarro	1200 Brickell Avenue	Add
		Suite 1700 Miami Florida 3313	1
		•	Add Remove
		A.	_ Add
		LAH	
	·	ASSEE: FLORIDA	Add Remove
-	•		Add
			Remove
			Add

D. If am	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	Q7/25/13
<u> </u>	
	Signature of a member or authorized representative of a member NDR(H) MON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEF FINDING