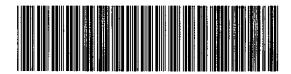
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T. HAMPTON

JUN - 8 2010

EXAMINER

## **COVER LETTER**

. - .

TO: Registration Division of C				
SUBJECT:	ICF BLOCK	SOLUTIONS, LLC.		
· ·		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Mitchell Stovring		
		Name of Person		
	Southwest Pr	ofessional Services of So	FL, Inc.	
		Firm/Company		
	13571 McGregor Blvd #22			
		Address		
	,	Fort Myers FL 33919		
		City/State and Zip Code		
	southv	vestprofserv@earthlink.ne	et	
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please of	call:		
Mi	itchell Stovring	at ( 239 )	481-4444	
	of Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)	
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. ICF BLOCK	<u>SOLUTIONS, LL</u>	<u>.C.</u>			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Com	ipany were filed on	04/08/2010	and assign	and assigned	
Florida document numberL10000037863					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbi	reviation	
Enter new principal offices address, if applicable:				<u>=</u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		5	335	
			NOT	=R1	
		<u> </u>	-1	-12-	
Enter new mailing address, if applicable:			70	200	
(Mailing address MAY BE A POST OFFICE BOX)				SST SST	
			2	==	
			<u>@</u> 1	<del>2</del> '''	
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		our records, <u>enter t</u> l	he name of t	he new	
Name of New Registered Agent:		··	·		
New Registered Office Address:					
	Er	iter Florida street addi	ress		
	, 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 **Type of Action** <u>Title</u> **Name Address** MGR Pamela Lasarre 39050 Cook Brown Rd **✓** Add Punta Gorda FL 33982 Remove MGRM Jonathon Campbell 39050 Cook Brown Rd Punta Gorda FL 33982 ✓ Remove Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00