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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

COVER LETTER

Registration S Division of Co						
SUBJECT:	I.C. Air, LLC					
	Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filling.						
ricase return an corresp	pondence concerning this matter to the following:					
	Name of Person					
Faro & Crowder, P.A.						
	Firm/Company					
	503 N. Orlando Ave., Suite 201					
	Address					
	Cocoa Beach, FL 32931					
	City/State and Zip Code					
	JCrowder@farolaw.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
	of Person at (321) 784-8158 Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
✓ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

11 OCT -7 AM 10: 52

I.C. Air	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	9-30-11 and assigned	
Florida document number <u>L11000112119</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shane Edgar	275 Spring Dr. Apt 1 Merritt Island, FL 32953	Add Remove
<u>MGRM</u>	Shane Edger	275 Spring Dr. Apt 1 Merritt Island, FL 32953	Add ✓ Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	FILED 11 OCT -7 AM 10: 52 SECRITARY OF STATE TALLAHASSEE, FLORIDA
,		or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00