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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG - 8 2013

T. HAMPTON

## **COVER LETTER**

Division of Cor			
SUBJECT:	ICMC GLOBA	L GROUP, LLC.	
·		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DADIE	R A BARRIOS	
		Name of Person	
		Firm/Company	
	PO E	3OX 442762	
		Address	
	MIAM	11, FL 33144	
	IDAIDAMEND.	City/State and Zip Code	
		DZACOL@HOTMAIL.CO to be used for future annual report notificati	
For further information co	oncerning this matter, please c	all:	
DADIER	A BARRIOS	at (305)282-4132	
Name of	Person	Area Code & Daytime Te	elephone Number
		•	
Enclosed is a check for th	e 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

	DBAL GROUP, LLC.		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appe	ars on our records.)	
(A Florid	ia Limited Liability Company	g up o M	O
The Articles of Organization for this Limited Liability	Company were filed on	12/16/11	and assigned
Florida document number L11000141284			5 E
	<del></del>		1 777
This amendment is submitted to amend the following:	;		ANTI: 09
A. If amending name, enter the new name of the li	imited liahility company h	e <b>re</b> '	
11 amending name, enter the new name of the n	mined habinty company n	<u> </u>	99 199
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enton now mailing address if applicable.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, enter	the name of the new
registered agent and/or the new registered office a	ddress here:		•
Name of New Registered Agent:		_	
New Registered Office Address:			
	E	Enter Florida street ac	dress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	YOHANA N. AMARO	21124 SW 88 PL	Add
		MIAMI, FL 33189	Remove
MGRM	AMILCAR A. BARRIOS	21124 SW 88 PL	Add
		MIAMI, FL 33189	Remove
			Add
		<del></del>	Remove
			SECRETARY OF SECRE
			Remove
			Add
			Remove
			Add
			Remove

), Ifan	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	07/31/2013
_	
	( In Indiagrams )
	Signature of a member of authorized representative of a member
	DADIER A. BARRIOS
	Typed or printed name of signee
	Page 3 of 3
	rage 3 m 3
	Filing Fee: \$25.00

SECRUTARY OF STATE OF DIVISION OF CORPORATIONS