## L12000021537

ļ	(Requestor's Name)	
	(Address)	
	(Address)	
		. <u>.</u>
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Contified Control	On different on a fig.	Natura.
Certified Copies	Certificates of S	otatus
Special Instructions	to Filing Officer:	
		!

Office Use Only



400246744064

04/15/13--01027--013 \*\*25.00

2017 APR 15 AM 9: 49
SCERETARY OF STATE
ANALYSISE PLASINA

APR 17 2013 D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: LICP LLC				
	Name of Limited Liability Company			
	<b>,</b>			
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to the following:			
John '	W. Chluski			
*	Name of Person			
<u> </u>	Firm/Company			
1101	South Rogers Circle, Suite 3			
<del></del>	Address			
Boca	Raton, FL 33487			
	City/State and Zip Code	PE	2013	
•	uski@me.com		<u> </u>	
E	-mail address: (to be used for future annual report notification)	S	APR 15	
For further information concerning this n	natter, please call:	250 770 770		I
John W. Chluski	<sub>at</sub> 561 271-7301	0F S :	AM 9	
Name of Person	Area Code & Daytime Telephone Number	SIMIE	9: 49	The second

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

LICP LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000021537</u> .	were filed on 02/13/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1101 South Rogers Circle, Suite 3
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33487
	2013 FALL
Enter new mailing address, if applicable:	c/o Mango Sea Properties, LLC
(Mailing address MAY BE A POST OFFICE BOX)	1101 South Rogers Circle, Suité 3 C
	Boca Raton, FL 33487
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

John W. Chluski

**Boca Raton** 

1101 S. Rogers Circle Suite 3

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Page 1 of 3/

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 <u>Name</u> <u>Address</u> **Type of Action** Gary Roskin 1101 S. Rogers Circle, #10 **MGRM** Boca Raton, FI 33487 John W. Chluski 1101 S. Rogers Circle Suite 3 **MGRM** Boca Raton, FI 33487 Remove

If amending any other inform.	mation, enter change(s) here: (Attach additional sheets	s, if necessary.)
<u></u>		
·		
		<u>-</u>
<sub>ed</sub> April 10	2013	
	Sai Thero	
Gary Roskin	Signature of a member or authorized representative of a mem	ber
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2018 APR 15 AM 9: 4
SECRETARY OF STATE
FALLAND SECTORS