Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000219485 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone Fax Number

: (850)385-6735 : (954)641-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICB EXECUTIVE CARS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

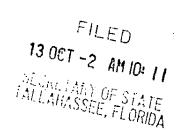
K. SALY EXAMINER OCT -3 2013

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ICB EXECUTIVE CARS, LLC

(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	
· · · · · · · · · · · · · · · · · · ·	

(A E	Jability Compail	ny as it лом appears on ( liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number L12000024801	bility Company	were filed on <u>2/21/20</u>	112	and assigned
This amendment is submitted to amend the follow	vings			
A. If sineading name, enter the new name of t	he limited, liab	tity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation *!LLC	" or the abbreviation
Enter new principal offices address, if applical	ble:	3131 N.E. 188 S	TREET #2507	
Principal office address MUST BE A STREET		AVENTURA, FL	33180	
Enter new mailing;address,.if-applicable;		3131 N.E. 188 S	TREET #2507	
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	AVENTURA, FL.	33180	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered of ce address her	lice address on our r <u>e</u> :	ecords, enter the	name of the new
Name of New Registered Agent:	CHRISTOR	HER K. LEIGH, P.	Α.	
New Registered Office Address:	1 E. BROV	ARD BLVD., SUIT	E 700	
		Enter F	lorida street addres	
	FORT LAU	DEROALE City	, Florida <u>3330</u>	01
_		•	,	Zip Code
New Registered Agent's Signature, it changing Re	edistered Agent			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regist being filed to merely reflect a change in the re company has been polified in writing of this c	oper and comp tered agent as egistered office hange.	lete performance of m provided for in Chapte	y duties, and I am or 608, F.S. Or, if i from that the limite	familiar with and this document is ed liability

and the second of the second of the second

Page 1 of 3

H13000219485

· H 13000219485

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>	<u>Address</u>	Type of Action
MGRM	NISHA BACCHUS	633 S.E. 3rd Ave, Suite 30	1 Add
		Fort Lauderdale, FL 3330	Remove
			_
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			_
			L Add
			Remove
·			<del>-</del>
			_ L Add
			Remove
			Remove
			<del>-</del>
			Add
			Removo

## H13000 219485

	<u></u>	· ·		<del> </del>
<u> </u>				
Octo	ber 1	2013	,	
	.inchestation			

Typed or printed name of signee

Page 3 of 3

Filing Feet \$25.00.

H13000219485

1