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To: From: **Enter the email annual repo: Email Addree	Division of Corporations Fax Number : (850)617-6383 Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192 address for this business entit of mailings. Enter only one emai	Ty to be used for fut 1 address please.**	FILED 13 OCT 23 AN 8: 00 SECRE LARY OF STATE
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ARTICLES OF	AMEND	MENT		E11
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ARTICLES OF	ORGANIZ	ZATION	TASEC.	$\gamma_{z_3} \sim 0$
	OF	,	ALCRE	ARY AM G. D.
ICB EXECUTIVE CARS, LLC			· · ·	SEE FISTAL
(Name of the Limited Liability Comp (A Florida Limited	any as it now	appears on o	ur records.)	- CORIE
(A Florida Limited	1 Ulability Com	pany)		-4
The Articles of Organization for this Limited Liability Compar	ny were filed o	2/21/20 ⁻	12	and assigned
Florida document number L12000024801		·····		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability compa	ny here		
B minist <u>entre men appressive in the nations m</u>		<u>a, ari c</u> ,		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	mited Liability	Company," th	e designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
THERE OFFICE HUR CAS IN OUT AN A STILLET ADDITION	• • • • • • • • • • • • • • • • • • • •	<u> </u>		
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Enter new mailing address, if applicable:				<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	_			
B. If amending the registered agent and/or registered	office addres	s on our re	cords, <u>ente</u>	er the name of the ver
registered agent and/or the new registered office address h	<u>еге</u> :			
Name of New Registered Agent:				
New Registered Office Address:	<u></u>	Enter Fle	orida street	address
			,, , , , , , , , , , , , , , , , , , ,	
			, Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agen	n£;			
l hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con	gree to act in	this capacil	y. I further	agree to comply with

If Changing Registered Agent, Signature of New Registered Agent



company has been notified in writing of this change.

Page 1 of 3

heing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	MARIUS HERNBERG	3131 N.E. 188 STREET #250	7 🔽 Add
		AVENTURA, FL 33180	Remove
		·	_
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D. Af amending any other information, enter changely) here: (Snach validitional cherts, li necessary)
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