L12000110317

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(Address)
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(and a second
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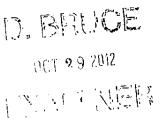


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12 OCT 26 PM 12: 40
SECRETARY OF STATE
TALLAHASSEF, FLORIDE

FILED 2 OCT 26 PM 12: 40



COVER LETTER

	gistration Sect vision of Corpo		A.			
SUBJECT	,	iN	ICP LLC			
SOBJECT	·		ted Liability Company			
The enclose	ed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspond	dence concerning this matter	to the following:			
			Monica P. Poveda			
			Name of Person			
			•			
			Firm/Company			
		301	SW Lincoln. St. Apt 504			
			Address			
			Portland,OR 97201		_ .	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	12 OCT SEOREI ALL AII	
		E mail address: (cpllc2012@gmail.com to be used for future annual report notifi	estion)	2 OCT 28 ECRETAN	2
7			•	cation)	26 ASSE	
For further	information cor	ncerning this matter, please of	eall:			-Bo:
	Moni	ica Poveda	u((- · ·)	912-1603	97 s.441 17 s.638 17 s.638	••
	Name of I	Person	Area Code & Daytimo	Telephone Number	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Enclosed is	a check for the	following amount:				
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status				of Status &		

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

iMCP LL	С			
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appear lity Company)	s on our records.		
		0/40/0040		
The Articles of Organization for this Limited Liability Company wer	e filed on	9/10/2012	and assigned	
Florida document number L12000116317				
This amendment is submitted to amend the following:		,		
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	ny," the designation "I	LLC" or the abbrev	riation
Enter new principal offices address, if applicable:			* ' , ul(
(Principal office address MUST BE A STREET ADDRESS)			ASS 73	
			DING AN	
			77. 77. 78.	<u></u> ;
Enter new mailing address, if applicable:				四香
			F. 75	
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office	address on o	our records, <u>enter t</u>	the name of the	new
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street ada	lress	
_		, Florida		
	itv		Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CECILIA POVEDA	1111 SW 1st Ave. PH 119 Miami, FL 33130	Add Remove
			Add Remove
	******]Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	AI FIL 12 OCT 26 SECRETARY TALLAHASSI
			AND ILED 6 PH 12: 40 CY OF STATE SEEL FLORIDA
Dated	October 19th	2012	_
	Signature of a r	member or authorized representative of a member	<u></u>
		MONICA P. POVEDA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00