

6/14/2022 19:37:59 EDT
6/14/22, 5:35 PM

To: 18506176383

Page: 2/6

From: Dhruv Management

Fax: 7274992716

Division of Corporations

U3000052267

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000207390 3)))



18220002073903ABCZ

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 : DHRUV MANAGEMENT
Account Number : 120170000032
Phone : (813)951-0222
Fax Number : (727)499-2716

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

Email Address: Upatel@dhruvmanagement.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ICOT INVESTMENT I LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 JUN 15 AM 10:26

FILED
2022 JUN 15 PM 3:40
STATE OF FLORIDA
HALL COUNTY

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

JUN 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICOT INVESTMENT I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Utkarsh Patel

Name of Person

Dhruv Management

Firm/Company

6903 Congress St

Address

New Port Richey, FL 34653

City/State and Zip Code

upatel@dhruvmanagement.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Utkarsh Patel

813
at (_____) _____
Area Code

951-0222

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ICOT INVESTMENT I LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/09/2013 and assigned
Florida document number L13000052267.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patel, Vijay	6903 Congress St	<input type="checkbox"/> Add
		New Port Richey, FL 34653	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	PATEL, SUBHASHI	55 LAKE LUCINDA DR.	<input type="checkbox"/> Add
		COVINGTON, GA 30016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (1) the 90th day after the record is filed.

Dated June 14, 2022

Widener

Signature of a member or authorized representative of a member

Vijay Patel

Typed or printed name of signer

Filing Fee: \$25.00