

L13000054425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-25994

NC only

MAY 29 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2013

KENNY RICHMOND  
3629 NW 40TH CT  
LAUDERDALE LAKES, FL 33309

SUBJECT: ICU FORECLOSED LLC  
Ref. Number: L13000054425

We have received your document for ICU FORECLOSED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 913A00010675

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2013 MAY 28 AM 9:00  
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TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICU foreclosed 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:

Kenny Richmond  
Name of Person

Firm/Company

3629 NW 40th Ct  
Address

Lauderdale Lakes FL 33309  
City/State and Zip Code

KRich89@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenny Richmond at (954) 415-2544  
Name of Person Area Code & Daytime Telephone Number

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2019 MAY 28 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ICU foreclosed 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 04/15/2013 and assigned Florida document number L13000064425.

This amendment is submitted to amend the following:

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

ICU Foreclosure LLC

The new name must be distinguishable and end with 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)**

3629 NW 40th Ct  
Lauderdale Lakes FL 33309

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3629 NW 40th Ct  
Lauderdale Lakes FL 33309

**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

Florida

City

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 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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM = Managing Member**

SECONDARY OF STATE  
TALLAHASSEE FLORIDA

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

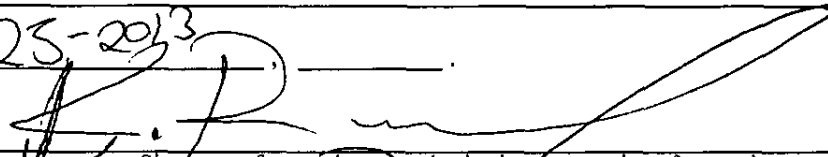
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Dated 05-23-2013

  
Signature of a member or authorized representative of a member

Kenny Richmond

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 MAY 28 AM 9:00  
CLERK OF STATE  
TALLAHASSEE FLORIDA