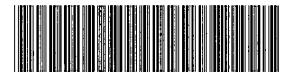
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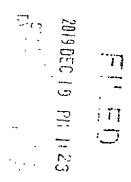
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FADI RIMMAN		
		Name of Person	
	ICARS OF TAMPA LLC		
	· ·- · ·	Firm/Company	
	5599 34TH ST N SUITE E	3	
		Address	
	SAINT PETERSBURG, F	L 33714	
		City/State and Zip Code	
	ICARSOFTAMPALLC@G	MAIL.COM to be used for future annual report notifi	
For further information c	oncerning this matter, please c	·	cation)
FADI RIMMAN		813 500-8005 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corn	

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our a (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 10/17/2013	and assigned
Florida document number 1.13000146454	
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:	<del>,,</del>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	7
Mailing address MAY BE A POST OFFICE BOX)	2019
	13
B. If amending the registered agent and/or registered office address on our records, <u>or agent and/or the new registered office address</u> here:	enter the name of the new registe
Name of New Registered Agent:	· 🕉
New Registered Office Address:	,

## 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.

City

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>	Address	Type of Action
MGR	MIRSAD TOPALOVIC	5599 34TH ST N SUITE B	■Add
		SAINT PETERSBURG. FL 33714	□Remove
			□Change
<del></del>		<del></del>	□Add
			□Remove
		<del>-</del>	□Change
			□Add
			Remove
			□Change
	<del></del>	<del></del>	🗆 Add
		<del></del>	□Remove
			□ Change
<del></del>			
			□Remove
			□Change
			□Add
			□Remove
			∏.Cl.

ffective date, if other than the date of filing:  (optional)  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 obeg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to become a self-ertive date on the Department of State's records.  Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.  DECEMBER 1  2019  Signature of a member or authorized representative of a member  RIZAH MAHMUTI		<del>.</del>										
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