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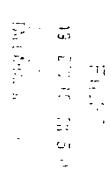
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JAN 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	IICSA REAL	ty, LLC	
	watte va Little	ica maoniy company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin	2010 Name of Person	
	Zeig Li	AW FIRM, PLL	<u>C</u>
	_3475 She	Ericlan Street.	#310
	HOllywoo	Od , FL 33041 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information e	concerning this matter, please co	all:	
JUSTIV Name o	12019 of Person	at (<u>754</u>) <u>217 - 3</u> Area Code Daytime	BOS 4. c Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		0	

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

VICSO R	CPalty, LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $11/5/2014$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRE		: abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zm 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>	Address	Type of Action
MGR	Letty Yedid Alfie	19195 Mystic Pointe Dr.	XAdd
		Ap1.302	□Remove
		Aventura.FL 33180	□Change
			DAdd
			□Remove
			□Change
			□Add
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an effe lote:	ye date, if other than the date of filing:
record Lis filo	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 ed.
ated _	12/9/2019
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00