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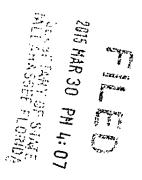
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COVER LETTER

TO: Registration Division of	n Section Corporations				
ICME SUBJECT:	E INVESTMENTS, LL	.C.			
		Name of Limited Liab	pility Company		
Dear Sir or Madam:					
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	g.		
Please return all corr	respondence concerning this	matter to the followin	g:		
MICHAEL SAR	RABJIT				
	Name of Person		-		
MIKE'S TAX &	ACCOUNTING, INC.				
	Firm/Company		_		
269 N. UNIVER	RSITY DRIVE, SUITE	В			
	Address		_		
PEMBROKE P	PINES, FL 33024				
	City/State and Zip Code		-	,	
INFO@1GLOB	BALTAX.COM			2015 MAR	الاملاكمة يج
E-mail address	: (to be used for future annu	al report notification)	-	AR A	ر د المتحددة رد المتحددة
				30 m	
For further informat	ion concerning this matter, p	olease call:		PM 4: 0	The same
MICHAEL SAR	RABJIT	954	893-1399	HO7	Bezzer.
Na	ame of Person	Area Code	Daytime Telephone Number	_	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount:				
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (2/14)

STATEMENT OF CORRECTION **FOR** , FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being	•				
<u>FIRS</u>	TRST: The name of the limited liability company is: ICME INVESTMENTS, LLC.			3 .			
SECO		The Florida Document number of the limit	ed liability company is:	0051282			
THIR	<u>RD</u> :	Document to be corrected is: ELECTRONIC ARTICLES OF ORGANIZATION FOR FLORIDA LLC.					
		ELECTRONIC ARTICLES OF ORGAN	IIZATION FOR FLORIDA LLO				
	<u>(CI</u>	HECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE ST	<u> </u>			
1		ins an incorrect statement. The incorrect stated statement are as follows:	tement, the reason the statement	is incorrect, and the			
	То со	orrect spelling of Last Name:					
	INCC	DRRECT NAME: LEONARDO MONTES	RODRA-GUEZ	20 20			
	COR	RRECT NAME: LEONARDO MONTES RODRIGUEZ					
				HAR 30			
	<u>OR</u>			PH 4: C			
		lefectively signed. The manner in which the tion are as follows:	document was defectively signe	ed and the appropriate			
		· · · · · · · · · · · · · · · · · · ·					
	. 						
	<u>OR</u>						
	The el	lectronic transmission of the record was defe	ective.				
	de	haf tagit CPA	03/26/2015				
Si	gnature	of Authorized Representative	Date				

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)