

L15 000054138

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TALLAHASSEE

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DORRANCE  
TALLAHASSEE

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/04/2023

Acc#I20160000072

*en: c SW*

Name:	ICIC V, LLC
Document #:	
Order #:	14917099 - 1

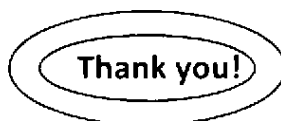
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Amount: \$ **25.00**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICIC V, 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:

KRISTINA M. LARUCCI  
\_\_\_\_\_  
Name of Person  
  
KATTEN MUCHIN ROSENMAN, LLP  
\_\_\_\_\_  
Firm/Company  
  
525 W. MONROE ST., STE. 1900  
\_\_\_\_\_  
Address  
  
CHICAGO, IL 60661  
\_\_\_\_\_  
City/State and Zip Code  
  
PWARINBOX@KATTEN.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTINA M. LARUCCI      312      577-8227  
\_\_\_\_\_  
Name of Person      at (      )      \_\_\_\_\_  
Area Code      Daytime Telephone Number

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 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**

ICIC V, LLC

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

FILED  
2023 MAY -4 AM 11:06  
SECRETARY OF  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/27/2015 and assigned  
Florida document number L15000054138.

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:

353 Sharwood Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, Florida 34110

Enter new mailing address, if applicable:

353 Sharwood Drive

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

Naples, Florida 34110

**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:

C T CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

*Enter Florida street address*

PLANTATION

, Florida 33324

*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 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.*

By: C T Corporation System

Nichol McCroy

Nichol McCroy, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Steven Segal	20 North Martingale Road	<input type="checkbox"/> Add
		Suite 180	<input checked="" type="checkbox"/> Remove
		Schaumburg, Illinois 60173	<input type="checkbox"/> Change
MGR	William C. Grogan	20 North Martingale Road	<input type="checkbox"/> Add
		Suite 180	<input checked="" type="checkbox"/> Remove
		Schaumburg, Illinois 60173	<input type="checkbox"/> Change
MGR	Dennis P. Lynde	353 Sharwood Drive	<input type="checkbox"/> Add
		Naples, Florida 34110	<input type="checkbox"/> Remove
			<input checked="" 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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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: (b) The 90th day after the record is filed.

Dated May 3 2023

DocuSigned by:

Kristina Larucci

U59C7AFB4C374C5

Signature of a member or authorized representative of a member

Kristina M. Larucci, Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**