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**Registration Section** 

TO:

## **COVER LETTER**

	Corporations		
SUBJECT:	INVESTMENT, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JAIME SANTIAGO HERDO	DIZA	
	ICORE, LLC	Name of Person	
	255 ARAGON AVENUE, S	Firm/Company ECOND FLOOR	<del> </del>
	CORAL GABLES. FLORID	Address A 33134	· · · · · · · · · · · · · · · · · · ·
	JHERDOIZAH@GMAIL.CO	City/State and Zip Code M	 
	E-mail address: (	to be used for future annual report not	fication)
For further informatio	n concerning this matter, please ca	ali:	
JAIME SANTIAGO	HERDOIZA	305 501-2836	
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the 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)

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

## DocuSign Envelope ID: 5A4C058E-C96B-43A7-81B0-F9BA96F0BC78 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ICORE INVESTMENT, LLC		
(Name of the Limites	l Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
he Articles of Organization for this Limited Lia		5 and assigned
lorida document number L15000208288	<del></del> -	
his amendment is submitted to amend the follow	wing:	
. If amending name, enter the new name of	the limited liability company here:	
CORE, LLC		
ne new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designatio	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		<i>.</i>
	av)	
Mailing address MAY BE A POST OFFICE B	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		<del></del>
If amending the registered agent and/o gistered agent and/or the new registered offi		ecords, enter the name of the
gistered agent and/or the new registered vin	er address nerg.	
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 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 5A4C058E-C96B-43A7-81B0-F9BA96F0BC78
If amending Authorized rerson(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>	Name	Address	Type of Action
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			Change
			Add
			□ Remove
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an effective date is list	her than the date of t ed, the date must be specifi	ic and cannot be prior t	o date of filing or more t	(optional) han 90 days after filing.) Pu	rsuant to 605,02
<u>Note:</u> If the date inso locument's effective	erted in this block does a date on the Department	not meet the applica t of State's records.	ble statutory filing rec	quirements, this date will	not be listed
	es a delayed effection fter the record is fil		an effective time	e, at 12:01 a.m. on	the earlier
SEPTEMBER	₹ 25	2018			
	DocuSigned by:	1	_ ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00