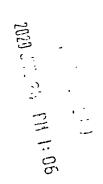
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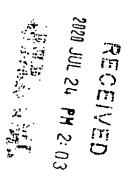
(R	equestor's Name)	
(A	ddress)	
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(0	ity/State/Zip/Phone #)	
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(E	Business Entity Name)	
(C	Ocument Number)	
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JUL 27 2020

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/24/20

NAME: ITC IPG INVESTMENT LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Cologs

COVER LETTER

TO: Registration S Division of Co			
	NVESTMENT LLC		
SUBJECT:	Name of Lin	ited Liability Company	.
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gabriela Lucero		
	_	Name of Person	
	IBCF,Inc.		
		Fim/Company	
	101 Main Street, Suite On	e	
		Address	
	Tappan, NY 10983		
	·	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please e	all:	
Gabriela Lucero		845 398-0900 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 633		The Centre of	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1000 CH 1:00 ITC IPG INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/08/2016}{1}$ _ and assigned Florida document number 1.16000047953 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ITC Gulf Coast Management LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			
			□Remove
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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this cument's effective date on the	block does not meet the app	licable statutory filing re	(optional) han 90 days after filing.) Pr quirements, this date wi	ursuant to 605.0207 If not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. on the	he earlier of: (b) The 9	Oth day after the
July 23	2020			
ted July 23		·		
nted July 23 Spulvicela	Signature of a member or au	thorized representative of a	member	

Filing Fee: \$25.00