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(Ad	dress)	
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M. MILLIGAN NOV 18 2016

COVER LETTER

	Registration Sec Division of Corp			
aun ira		HOMES LLC.		
SUBJEC	ł:	Name of Limit	ed Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	um all correspor	ndence concerning this matter to	o the following:	
			Name of Person	
		Shawarbi & Associates LLt	/*s	
			Firm/Company	
		196 Banyan Bay Drive		
			Address .	*
		ST, Petersburg FL 33705		
		Heishawarby@shawarbi.cor	City/State and Zip Code	
			o be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please cu	II:	
Hamed Elsawarhy		727 324-3433		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	he following amount:		
□ \$25.°	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 filling 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

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TO	0	
ARTICLES OF O	RGANIZATION	
0.	F	The state of the s
		The state of the s
HANIFAR HOMES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records, liability Compuny)	
The Articles of Organization for this Limited Liability Company	were filed on October 07,2016	and assigned
Florida document number L16000186548		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
IC Group US LLC		
The new name must be disanguishable and contain the words. Timited i tabil	ity 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)	None	
		1 - W
Enter new mailing address, if applicable:		•
	None	allifetiralised subsidia insequence personal and appropriate at a second of the Company of the C
(Mailing address MAY BE A POST OFFICE BOX)	A LIA CONTRACTOR CONTR	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	*	Valencial construction and the construction of
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605. I	d Lam familiar with and F.S. Or, if this document is
		•

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>	Address	Type of Action
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			☐ Change
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umend	ing any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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i ote: If Deumen	date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the is effective date on the Department of State's records. To specifies a delayed effective date, but not an effective time, at 12:01	is date will not be l	isted ;
The 9	Oth day after the record is filed.	onn on the co	1101
ated _	etober 26, 2016		
	1.00		
	www		
	Signature of a member or authorized representative of a member Hani El l'ar	5 mg	
	Typed or printed name of signee	2.5	ę,
	. M. en as bennen umme as signer		~~~
	Page 3 of 3	5-0	<u>:</u> :
	rage 3 of 3		

Filing Fee: \$25.00