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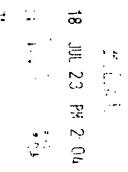
(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	IC Group U			
อบหม	ECT:	Name of Limi	ted Liability Company	· <u>· · · · · · · · · · · · · · · · · · </u>
The er	nclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Hany Saad Elsaid Elfar		
			Name of Person	
		IC Group US LLC		
			Firm/Company	
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		helshawarby@shawarbi.con	to be used for future annual report notifi-	oution)
For fu	irther information co	oncerning this matter, please ca		Calling
Hame	ed Elshawarby		727 3887109 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
≱ s:	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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IC Group US LLC		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.)	
(A Florida Limited I.	Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 7, 2016	andrassigned
Florida document number L16000186548		
r whola document number		*P
This amendment is submitted to amend the following:		** 15
ř		0
A. If amending name, enter the new name of the limited liabi	ility company here:	•
The new name must be distinguishable and contain the words "Limited Liabil	Dr. Communication of L.C. or the	akkeaniatian "L. L. C."
The new name must be distinguishable and contain the words. Limited Clabu	my Company, the designation (113) of the	andicviation (1.1
Enter new principal offices address, if applicable:	7450 Dr. Philips Blvd. Suite ≠ 300	
•	Orlando, FL 32819	
(Principal office address MUST BE A STREET ADDRESS)		
	7450 Dr. Philips Blvd, Suite # 300	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32819	
D. 16 P. Al. College J. Company and John Street, and John	CC as addition on the manageds and	au tha muma of the mor
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
registered agent and/or the new registered office address new	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:	. <u> </u>	
	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

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
MGR	Moamen Attia	2376 wasaga dr. oakville Ontario L6H0B7	Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			☐ Remove
		** ***********************************	Change
			D Add
			□ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	otional) ter filing.) Pursuant to 605,0207 (3); his date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 b) The 90th day after the record is filed.	l a.m. on the earlier of:
Dated	co
10	- · · · · · · · · · · · · · · · · · · ·
Signature of a wember or authorized representative of a member Hany Sand Elfor Typed or printed name of signat	16 JUL 23

Page 3 of 3

Filing Fee: \$25.00