

L16000186548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

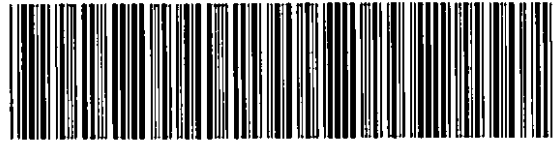
(Business Entity Name)

(Document Number)

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18 JUL 23 PM 2:04
JUL 23 2018
JUL 23 2018

JUL 28 2018

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IC Group US 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:

Hany Saad Elsaid Elfar

Name of Person

IC Group US LLC

Firm/Company

7450 Dr. Philips Blvd, Suite # 300

Address

Orlando, FL 32819

City/State and Zip Code

helshawarby@shawarbi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hamed Elshawarby

727 3887109
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

Page 1 of 3

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	Moamen Attia	2376 wasaga dr, oakville Ontario L6H0B7	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

July 25th 2018 (optional)

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.

Dated _____ . _____

Signature of a member or authorized representative of a member

Typed or printed name of signer

16 JUL 23 PM 2 04