L17000219360

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(Ad	dress)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ivestment LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Hany Saad Elsaid Elfar		
		•	Name of Person	
		IC Group Investment LLC		
			Firm/Company	
		7450 Dr. Philips Blvd. Sui	te # 300	
			Address	
		Orlando, FL 32819		
		helshawarby@shawarbi.cor	City/State and Zip Code	
		. •	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	ali:	
Hamed Elsh	iawarby		727 3887109 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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)
	38.44	ING A BEDDESS.	OTHERT/CALIBI	FB ANNDPOO.

MAILING ADDRESS:

TO:

Registration Section

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 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 October 23, 2017 Florida document number 1.17000219360 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7450 Dr. Philips Blvd, Suite # 300 Enter new principal offices address, if applicable: Orlando, FL 32819 (Principal office address MUST BE A STREET ADDRESS) 7450 Dr. Philips Blvd, Suite # 300 Enter new mailing address, if applicable: Orlando, FL 32819 (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 _. Florida <u>__</u>

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
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Filing Fee: \$25.00