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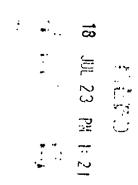
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S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp			
ICARS VIP	, LLC		
30b3EC1	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	ROSE I. DELGADO		
	•	Name of Person	
	RD ACCOUNTING SER	VICES AND MORE, LLC	
		Firm/Company	
	1633 E. VINE STREET S	SUITE 215	
	•	Address	
	KISSIMMEE, FL 34744		
	RDASERVICES16@YAH		
Una firebra in formation no		to be used for future annual report notification	cation)
ROSE I. DELGADO	ncerning this matter, please or	407 750-8084	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICARS VIP. LLC

company has been notified in writing of this change.

ICANS VIF, LEC			_	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ن	•	<u>ක</u>	
	•		,	
The Articles of Organization for this Limited Liability Company were filed on 11/03/2017		and	aşsigi	icd i
Florida document number L17000227818			23	
This amendment is submitted to amend the following:			<u>.</u> 2	
A. If amending name, enter the new name of the limited liability company here:		2°	1: 21	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abb	previation	"L.IC	···
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, en	nter t	he nan	ne of	the n
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address		•		
Florid	а			
Florid		Zip Co	de	
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 furthe	////*	00 10 00	mnh.	with a
provisions of all statutes relative to the proper and complete performance of my duties, and I				
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.				

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	GLHI AGUILERA	3755 NW 78 AVENUE	
-		MIAMI, FL 33166	<u></u> ■ Remove
			☐ Change
AMBR	INGRID LETICIA ROMERO	2208 ANTIGUA PL. APT. 933	= Add
		KISSIMMEE, FL 34741	☐ Remove
			Change
			Remove
			☐ Change
		 	Add
			Remove
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			Remove
			□ Change

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Filing Fee: \$25.00