## 11800038219

(	Requestor's Name)
(	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
	Icrete LLC				
SUBJ	ECT:	Name of Limi	ted Liability Company		
The er	nclosed Articles of Ai	mendment and fec(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		Brantley Dice			
		Icrete LLC	Name of Person		-
		270 Forsyth Rd Suite , S	Firm/Company She 2008		-
			Address		-
		Winter Park	FL 32792 City/State and Zip Code		-
		Bruntley @ E-mail address: 11	I C RETELWIC. of to be used for future annual re	com port notification)	
For fu	rther information cor	neerning this matter, please ca			
	BranHay Name of	Diçe	at ( <u>407</u> )	672-9087 Daytime Telephone Numbe	r
Enclo	sed is a check for the	following amount:			
<b>⊠</b> \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &

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

(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	<u></u>
(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000038219	y Company were filed on 02/12/2018	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the I	imited liability company here:	ão.
		K0V
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" or	the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
	<del></del>	<u> </u>
Enter new mailing address, if applicable:		<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ICPETE LLC

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>	<u>Address</u>	Type of Action
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ecord specifies a delay se 90th day after the r			ut not ar	ı effectiv	e time, at	12:01 a	.m. on	the earlie
11/15 d		2018		7				
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Filing Fee: \$25.00