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C. GOLDEN MAR - 2 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ICASO Pro Name of Lim	perties ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KEVIN	O Gorm Name of Person	AN
	Lucaso	Propert Firm/Jompany	ier, LLC
	4802 W	/ Coloni,	al Dr
	Orlando Ame MAttlew E-mail address: (FL City/State and Zip Code	32808
Kogorn	E-mail address:	s bus es florito be used for future annual r	dat_ com eport notification)
	oncerning this matter, please co		
KEVIS O	Gorman	at (_ 908 _)	309 - 7564 Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
Mailing Address	<u>s:</u>	Street Ad	dress:
Registration S		•	tion Section
Division of C	-		of Corporations
P.O. Box 632 Tallahassee, F			Morroe Street, Suita 810
i alialiassee, f	L J4J 14	4410 IN.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucaso Prop	npany as it now appears on our records.) ed Liability Company)
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on June 29, 2018 and assigned
Florida document number L 8000 5970 .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
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 officagent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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
AMBR	Lori Matthews	11514 WATERSTONE Loop D WINDERMERE, FL 39	<u>)</u> % Add 4786
			Remove
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
		.	🗆 Add
			□Remove
			□ Change
		4-1-1	🗆 Add
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n effectiv ite: If th	ve date is listed, the he date inserted i	han the date of it date must be specifing this block does to on the Department	ic and cannot b not meet the	applicable stat			filing.) Pursuant to	
zamen	s checure date (M the Department	ror state wite	corus.				
ecord sp is filed.	ecifies a delayed	l effective date, bu	it not an effec	ctive time, at 1	2:01 a.m. on the	e earlier of: (b) The 90th day	after the
ted	JANUARY	, 30	20	20				
			\ <u></u>	\ _				
	\	_		, ,		•		
		Signature	of a member (or authorized rep	resentative of a r	nember	44	_