

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500328396025

05/03/19--01007--002 **25.00

2019 MAY - 1 PM 5: 58

APPROVED AND FILED

T GLASS

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2019

KATHERINE OCAMPO 1316 NW 100 AVE CORAL SPRINGS, FL 33071

SUBJECT: ICB PROPERTIES LLC Ref. Number: L19000010943

We have received your document for ICB PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

ĊΊ

Letter Number: 019A00005746

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	CB Property	ted Liability Company		
	Amendment and fee(s) are subnidence concerning this matter			
		Name of Person Firm/Company		
	1316 nw Coral Spr	Address Address That S F1 3307 Classificate and Zip Code	2019 MAY — 1 DECRETARI DELLARASSI	AN FILE
	Katherine E-mail address: (Ocampo of hutmato be used for future annual report notific	A - (U) PH Si S8	00
For further information co	oncerning this matter, please ca	111:	;···· œ	
Julian Name of	11E+O Person	at (<u>786)</u> <u>334</u> Area Code Daytime	- 7621 Telephone Number	
Enclosed is a check for th	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)	
MAILI	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICB Proper	tres LLC
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>LVQ 000010943</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u> — — — — — — — — — — — — — — — — — — —
	FIELD REAL PROPERTY AND THE PROPERTY AND
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	58
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addresses.	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name Julian Nieto 1316 nw 100 Ave Cocal Springs F1 330710 Remove ☐ Change <u> Latherine Ocampo</u> 1316 nw 100 Ave Coral springs Fl ☐ Remove ☐ Change □ Add □ Remove P S Chunge □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

					-
=:-				- -	
					
	<u></u>				
 .					
 .					
	··			<u> </u>	
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		··	<del></del>		
					MAY.
					PH PH
	· · ·				5. 5.
		<del> </del>	· · ·	<u> </u>	
	<u> </u>	<del></del>	·		
	<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		~,.		(option	l
ffective date, if other an effective date is listed.	the date must be specifi	ic and cannot be prior	to date of filing or mor	e than 90 days after fi	ling.) Pursuant to 605.020 late will not be listed a
ocument's effective da	te on the Department	of State's records.	ibic statutory ming	requiremental unit of	
		. Jana Barkara	b bff-ativa tia	ma nt 10:01 a.	m on the earlier (
	a delayed effectiv	ve date, but no led.	can enective tii	ne, at 12.01 a.	iii. O.i tile earlier c
e record specifies The 90th day afte	er the record is fil				
The 90th day afte		<b>-</b> 0. Cl			
The 90th day afte	er the record is fil	7019			
e record specifies The 90th day afte Dated	a litalia		orized representative o		

Page 3 of 3

Filing Fee: \$25.00