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COVER LETTER

	Registration Sec Division of Corp					
a	ICS GROUI					
SUBJEC	JT:	Name of Limi	ted Liability Company			
The encl	losed Articles of /	Amendment and fee(s) are subt	nitted for filing.			
Please re	eturn all correspoi	ndence concerning this matter	to the following:			
		LIZET BRACERAS				
Name of Person						
ICS GROUP III LLC						
			Firm/Company			
3558 PLOVER AVENUE						
			Address			
	NAPLES, FL 34117					
		City/State and Zip Code				
		LIZETBRACERAS@GMA				
		E-mail address: (to be used for future annual report notifi	ication)		
For furth	her information co	oncerning this matter, please ca	all:			
LIZET BRACERAS		239 710-0664	_			
Name of Person		Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:				
≣ \$25	5.00 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:		Street Address:				

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT (TO ARTICLES OF ORGANIZATION OF

ICS GROUP III 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 MAY 26, 2021 and assigned Florida document number ______1.21000246554 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3RD EYE BUILDERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, 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

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>	<u>Address</u>	Type of Action
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			Change
			□Add
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Typed or printed name of signee