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(Requ	estor's Name)	1
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SECRETALY SEP STATE



COVER LETTER

TO:

~	tion Section of Corporations					
Agil	e Estate Investme	ents LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Arti	cles of Amendme	nt and fee(s) are sub	mitted for filing.			
		ncerning this matter	_			
	Filing	Yolanda				
	* +		Name of Person			
	ZenBı	isiness Inc			Z Z Z	2021 S
			Firm/Company			TP
	55111	Parkerest Dr., Suite 1	103		15.52 15.53	2021 SEP 24 PM 2: 10
			Address		S H	# 2 2
	Austir	ı, TX 78731			FATE	: 10
			City/State and Zip Code		•	
	fulfillm ———	nent@zenbusiness.co				
For further inform	ation concerning	this matter, please ca	to be used for future annual (all:	report notification)		
Fifing Yolanda			844 49) at ()	3-6249		
	Name of Person		Area Code	Daytime Teleph	one Number	_
Enclosed is a chec	k for the followir	ig amount:				
■ \$25.00 Filing		00 Filing Fee & rtificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		1 \$60.00 Filing F Certificate of ! Certified Copy (additional copy)	Status &
	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327	ion	Registrati	C/COURIER AD ion Section of Corporations uilding	DRESS:	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agile Estate Investments ELC		
(Name of the Limited Liability C (A Florida Lin	<u>lompany as it now appears on or</u> nited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Com- Florida document number 1.21000327233	pany were filed on $\frac{07/19/20}{}$	21 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
IGCM Ventures L.L.C.		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 24 PM 2:
B. If amending the registered agent and/or registere	ed office address on our	records, enter the name of the
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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, 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
			Remove
			☐ Change
			Add
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not me	eet the applicab	date of filing or le statutory fil	more than 90 days ing requirements	optional) after filing. i, this date) Pursuai will not	nt to 605 be liste
record specifies a delay he 90th day after the re	ed effective da ecord is filed.	ate, but not	an effective	time, at 12:	01 a.m.	on the	e earlie
ed		2021					
			-				
/s/ Lisa Iglesia							
/s/ Lisa Iglesia	Signature of a m	ember or authori	zed representati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00