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SECRETARY OF STATE
TALLAHASSEE, FI

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## **COVER LETTER**

		stration Se ion of Cor			,	
euntre		ICMC Inve	estments LLC			
SUBJEC						
			Amendment and fee(s) are submodence concerning this matter			
			Courtney-Ann Ramsey			
				Name of Person		_
			ICMC Investments LLC			
				Firm/Company	<u> </u>	_
				Address		_
			Merritt Island, FL 32952			
				City/State and Zip Code		_
			ICMCInvestments@gmail.c			
			,	o be used for future annual re	port notification)	
For furth	er inf	ormation c	oncerning this matter, please ca	all:		
				at () Area Code		2022 / SECF
		Name o	f Person	Area Code	Daytime Telephone Numb	UG 26 ETAR) LAHA
Enclosed	is a	check for th	ne following amount:			
<b>■ \$2</b> 5.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certific	Filing Feb. (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)

Mailing Address:

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

Street Address:

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

ICMC Investments LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on May 11, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	SECRETARY OF the registered americal Experience Files
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del> _	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
AMBR	Mitchell Burgess	137 S Courtenay Parkway NUM 394	<b>=</b> Add
		Merritt Island, FL 32952	□Remove
			Change
			□Add
			□ Remove
			Change
			\ \_Add
		<del></del>	□Remove
			5EC
			CRETARY CHARLES
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			□ Remove
			Chance.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated August 23 2022 Signature of a member or authorized representative of a member Courtney-Ann Ramsey Typed or printed name of signee

Filing Fee: \$25.00