

3/5/24, 9:17 PM

Division of Corporations

**L 24000088104 3**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000088104 3)))



H240000881043ABC.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DEALER CONSULTING SERVICES, INC.  
Account Number : I20010000121  
Phone : (305)758-9001  
Fax Number : (786)410-6035

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**  
2024 MAR -6 AM 10:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
2024 MAR -6 AM 11:11  
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ICARSUPREME LLC**

Certificate of Status	0
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Page Count	01
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MAR - 7 2024

# COVER LETTER

*H240000881043*

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICARSUPREME LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JADE MARTINEZ

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7TH AVENUE

Address

MIAMI, FL 33150

City/State and Zip Code

CORPORATIONS@DCS-NETWORK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JADE MARTINEZ

305 758-9001

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

DocuSign Envelope ID: 816A275A-307F-4216-B435-BAB95BC2281B

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240000881043

ICARSUPREME 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 02/02/2024 and assigned  
Florida document number L24000062114.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2024 MAR -6 AM 11:11  
TALLAHASSEE, FL

**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:

GENNADIY E. CHERNOBROVKIN

New Registered Office Address:

2144 MEARS PKWY

Enter Florida street address

MARGATE

Florida 33063

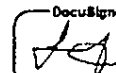
City

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.

DocuSigned by:



If Changing Registered Agent, Signature of New Registered Agent

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DocuSign Envelope ID: 816A275A-307F-4216-B435-BAB96BC2281B  
 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

**Title**

**Name**

Address

Type of Action

**AMBR**

GENNADIY E. CHERNOBROVKIN

2144 MEARS PKWY

☐ Add

MARGATE, FL 33063

☐ Remove

**Change**

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 03-05, 2024

- DocuSigned by:

Signature of a member or authorized representative of a member

GENNADIY E. CHERNOBROVKIN AMBR

Typed or printed name of signee

**Filing Fee: \$25.00**