

L24000145236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

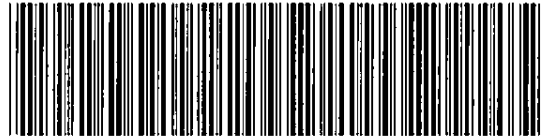
(Business Entity Name)

(Document Number)

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2024 APR -5 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

**TO: Registration Section  
Division, of Corporations**

**SUBJECT: ICU-AGENCY 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:

Wendy Robelo

Name of Person

Firm/Company

5200 NW 43rd St Suite 102-182

Address

Gainesville, Florida 32606

City/State and Zip Code

entity@easieraccounting.com

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

For further information concerning this matter, please call:

Wendy Robelo

352 378-5600  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECTION OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF ORGANIZATION OF

ICU-AGENCY 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 03/25/2024 and assigned  
Florida document number L24000145236.

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)**

4726 NW 30th Street

Gainesville, Florida 32605

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5200 NW 43rd St Suite 102-182

Gainesville, Florida 32606

**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

, 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**

2024 APR 3 PM 3:10  
STATE OF FLORIDA  
SECRETARY OF STATE

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[illegible]

[illegible]

**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.

**Dated**

April 1, 2024

Wendy Robelo  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Wendy Robelo

Typed or printed name of signee

SECRET  
TALLAHASSEE, FL  
2024 APR -5 PM 3:10

**Filing Fee: \$25.00**