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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	TATION: ICARUS CAPITA	L CORPORATION		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	CYNTHIA ALVAREZ			
		Name of Contact Perso	n	
	C & A FINANCIAL PLANN	NING & BUSINESS CONS	SULTING LLC	
		Firm/ Company		
	15313 SW 8TH WAY MIA	MI, FL 33194		
		Address	-	
	MIAMI, FL 33194			
		City/ State and Zip Cod	e	
	cagbusinessconsulting@gma	il.com		
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
CYNTHIA ALVARE	,	786	8121103	
	T Contact Person	at ()	
			·	
Enclosed is a check to	the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

ĺ	IC	ΑR	211	CAP	PEAL	COR	PORA	TION

(Name	of Corporation as current	ly filed with the Florida Dept. of State)		
P19000062236		<u></u>		
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new n	ame of the corporation:			
		The new		
	Corp," "Inc," or "Co". 2	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,		1900 NORTH BAY SHORE DRIVE 4501		
(Principal office address MUST BE A S		MIAMI, FL 33132		
C. Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1900 NORTH BAY SHORE DRIVE 4501		
(Manning anaress SIM F DI. M F OST	OTTICE BOX	MIAMI, FL 33132		
D. If amending the registered agent an new registered agent and/or the ne				
	IELE BITAR			
Name of New Registered Agent	1900 NORTH BAY SHO	IRE DRIVE 4501		
		ect address)		
	MIAMI	33132		
New Registered Office Address:		(City), Florida (City Code)		
		(A) (表) (表) (表)		
		32		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		in the state of the position in the position.		
	eleputa			
	Signature of New R	egistered Agent, if changing		
Chack if anniould.	· · · ·			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>\(\sum_{\cup} \) \(\sum_{\cup} \)</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ARIAS RANK, EDUARDO A, MR	100 SOUTH POINTE DRIVE
Add			MIAMI BEACH, FL 33139
X Remove			
2) Change	S	HERNANDEZ, PEDRO D, MR	100 SOUTH POINTE DRIVE
Add			MIAMI BEACH, FL 33139
X Remove	D	PORTAL, SALVADOR, MR	100 SOUTH POINTE DRIVE
Add			MIAMI BEACH, FL 33139
X Remove			
4) Change	D	BITAR, IELE	1900 NORTH BAY SHORE
X Add			DRIVE 4501, MIAMI, FL 33132
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	or adding additional Art mal sheets, if necessary).	(Be specific)			
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lf an annul	tent provides for an exc	hanga vaalossifiaat	ion or concellation	oficenad charge	
provisions fo	or implementing the amo	endment if not cont	ained in the amend	ment itself:	
(if not ap	pplicable, indicate N/A)				
					
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	ption:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes east fo	r the amendment(s) was/were sufficient for approval
bv	·"
•	(voting group)
10/25/21 Dated	elepita
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
11	ELE BITAR
_	(Typed or printed name of person signing)
D	TRECTOR
_	(Title of person signing)