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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

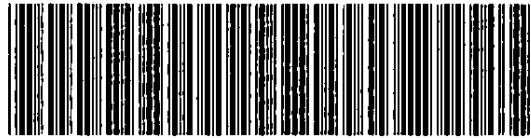
(Business Entity Name)

(Document Number)

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FILED
10 JUL - 8 PM 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 09 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON BRICKELL 3-4103, 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:

EVELYN TRUJILLO
Name of Person
PRATS FERNANDEZ & CO, PA
Firm/Company
2121 PONCE DE LEON BLVD SUITE #240
Address
CORAL GABLES, FL 33134
City/State and Zip Code
INFO@PRATSFERNANDEZ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN TRUJILLO at (305) 444-8333
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ICON BRICKELL 3-4103, 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 05/26/2010 and assigned
Florida document number L10000056897.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2121 PONCE DE LEON BLVD SUITE 240
(Principal office address **MUST BE A STREET ADDRESS**) CORAL GABLES, FL 33134

Enter new mailing address, if applicable: 2121 PONCE DE LEON BLVD SUITE 240
(Mailing address **MAY BE A POST OFFICE BOX**) CORAL GABLES, FL 33134

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: PRATS FERNANDEZ & CO, PA
New Registered Office Address: 2121 PONCE DE LEON BLVD SUITE #240
Enter Florida street address
CORAL GABLES, Florida 33134
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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

10 JUL 18 PM 02
SECRETARY OF STATE
FILED

FROM : ROBERT COOPER PA

FAX NO. : 3057952205

Jun. 18 2010 11:51AM P1

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR - Manager
MGRM - Managing Member

| Title | Name | Address | Type of Action |
|-------|-------------------|--|--|
| MGR | ROSALIND BROOKMAN | 2888 NE 181 STREET, STE # 800 AVENTURA FL 33180 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | GERALDINE VILLA | 2121 PONCE DE LEON BLVD, STE 248 CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated JUNE 09, 2010

Rosalind Brookman
 Signature of a member or authorized representative of a member
Rosalind Brookman
 Typed or printed name of signee

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 SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA