L11000117140

| (Requestor's Name) |
|----------------------------------------------------|
| JORGE VALDES 711 NE 71ST. STREET MIAMI, FL 33138 |
| (City/State/Zip/Phone #) |
| , , , , , , , , , , , , , , , , , , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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10/24/11--01017--006 **25.00

FILED

2011 OCT 24 PM 1:14

SECRETARY OF STATE

OCT 2 5 2011

EXAMINER



ARTICLES OF ORGANIZATION OF

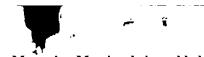
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| (Name of the Limited Li (A Fl | Ikon, L.L.C. ability Company as it now appears orida Limited Liability Company) | SECRETARY OF STATE on our records AHASSEE. FLORIDA | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------|--|--|
| The Articles of Organization for this Limited Liab | ility Company were filed on | 10/13/2011 and assigned | | |
| Florida document numberL1100011714 | 40 | · | | |
| This amendment is submitted to amend the follow | ing: | | | |
| A. If amending name, enter the new name of the | e limited liability company here | : | | |
| | Covet, L.L.C. | | | |
| The new name must be distinguishable and end with to "L.L.C." | he words "Limited Liability Compan | y," the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicab | le: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | ere e e e e e e e e e e e e e e e e e e | | | |
| (Mailing address MAY BE A POST OFFICE BO | · · | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | ir records, enter the name of the new | | |
| 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 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.



or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|
| | e de de la companya d | | Add Remove |
| | · · · · · · · · · · · · · · · · · · · | | Add Remove |
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| | | | Add Remove |
| | | | Add Remove |
| | <u> </u> | | Add Remove |
| D. If ame | nding any other information, enter change | e(s) here: (Attach additional sheets, if necessary. | |
| - | · | | ZOLI OCT 24 SECRETARY TABLEARIASS |
| Dated | October 17 th | 11 | 124 PM 1: 14 ASSEF. FLORIDA |
| | \searrow \vee | or authorized representative of a member | |
| | Typed | orge L. Valdes or printed name of signee | |

Page 2 of 2

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