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

TO: Registration Sec Division of Corp					
SUBJECT: ICON CO	MMERCIAL INTERES	STS - FLORIDIA, LLC			
		ited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Imelda Vasquez				
		(Name of Person)			
	Legalzoom.com, Inc.				
		(Firm/Company)			
	100 W. Broadway Su	ite 100			
		(Address)			
	Glendale, CA 91210			F. 2	
		(City/State and Zip Code)			هام معادد ان
For further information con	scerning this matter, please ca	all:		ZOLO OCT 24 SECRETARY FALL MIASS	i fame, micro
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Imelda Vasquez		at (323) 962-8600 ex		40 17 17 17 17 17 17 17 1	<u> </u>
(Name of	Person)	(Area Code & Daytime	Telephone Number)	TALE TALE	ა
				<u> </u>	,
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)	Certificate of Certificate of Certified Contact (additional of Certified Contact (additional of Certified	of Status &	sed)

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 COMMERCIAL INTERESTS - FLORIDIA, 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 09/20/2013 and assigned Florida document number L13000133442 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ICON Commercial Interests - Florida, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." B. If amending the registered agent and/or registered office address on our records, enter the trame of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

Florida_

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Add Remove __ Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Harry A deAntonio Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00