

L12000117371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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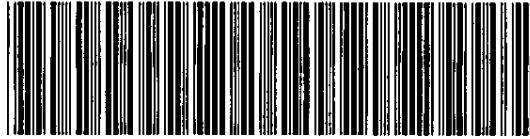
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON BAY 3304 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:

ALINE DARMOUNI

Name of Person

MASSAT CONSULTING GROUP

Firm/Company

44 WEST FLAGLER ST, STE 2300

Address

MIAMI, FL 33130

City/State and Zip Code

darmouni.aline@mcgintl.com

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

For further information concerning this matter, please call:

ALINE DARMOUNI

305 600-4405
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

ENVELOPE
ENCLOSED

☐ \$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 BAY 3304 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 09/13/2012 and assigned
Florida document number L12000117371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BELOOT POS LLC

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)

465 BRICKELL AVE #2001

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

44 WEST FLAGLER ST STE 2300

MIAMI FL 33130

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WIESENFELD, MICHAEL	465 BRICKELL AVE, # 2001	☒ Add
		MIAMI, FL 33131	☐ Remove
			☐ Change
MGRM	WIESENFELD, EMMANUEL	701 BRICKELL AVENUE,	☐ Add
		STE 1650	☒ Remove
		MIAMI, FL 33131	☐ Change
			☐ Add
			☐ Remove
			☐ Change
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TALLAHASSEE FLORIDA

09/24/2015

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

9/24/2015

Signature of member authorized

Signature of a member or authorized representative of a member

MASSAT CONSULTING GROUP - ALINE DARMOUNI - REGISTERED AGENT

Typed or printed name of signee