

L04000054041

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S. HAWKES

JUN 22 2010

EXAMINER



ICON GROUP ENGINEERS, LLC.
Architects • Engineers • Contractors

June 15, 2010

**Florida Department of State
Division of Corporations**

Re: Amend the articles of organization of a Florida Limited Company.

To whom it may concern;

This cover letter is to inform you, that I Juan C. Clavijo register agent for Icon Group Engineers, LLC. with a Florida document number L0400005404.

I'm requesting an addition to a new MGRM Mr. Oscar Carmona.

If you have any questions, Please call me at (305)300-7178, I can also be reach at jclavijo@icongroupeengineers.com

Thank you;

A handwritten signature in black ink, appearing to read "Juan C. Clavijo", written over a horizontal line.

Juan C. Clavijo.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICON GROUP ENGINEERS, 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:

JUAN C. CLAVIJO

Name of Person

ICON GROUP ENGINEERS, LLC.

Firm/Company

10916 SW 240TH STREET

Address

MIAMI, FL 33032

City/State and Zip Code

jclavijo@icongroupengineers.com

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

For further information concerning this matter, please call:

JUAN C. CLAVIJO

Name of Person

at (305)

300-7178

Area Code & Daytime Telephone Number

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 GROUP ENGINEERS, 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 7/21/2004 and assigned

Florida document number L04000054041.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A, Florida N/A
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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

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

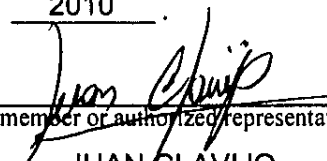
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSCAR CARMONA,P.E.	1683 SW CEFALU CIRCLE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA

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

N/A

Dated MAY 5, 2010


Signature of a member or authorized representative of a member
JUAN CLAVIJO
Typed or printed name of signee