

Florida Department of State

Division of Corporations Public Access System

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

2101 ICON LLC

| Certificate of Status | 0 |
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5/21/2009 12:06 PM

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FROM : LAZARUS

FAX NO. :3052201440

May. 21 2009 12:32PM P2*

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2101 | ICON LLC | | |
|---|---|--|---|
| Name of the Limited Liability Co (A Florida Limit | mbany as it now appeared Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Comp | sany were filed on | 10/18/2006 | and assigned |
| Florida document number L06000101513 | | <u></u> | |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company her | re: | |
| The new name must be distinguishable and end with the words "L.L.C." | Limited Liability Comp | any," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if applicable; | | · · · · · · · · · · · · · · · · · · · | |
| Principal office address MUST BE A STREET ADDRES. | <u> </u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing uddress MAY BE A POST OFFICE BOX | | | |
| If amending the registered agent and/or registered | i office address on | our records, <u>enter t</u> | he name of the nev |
| agistered agent and/or the new resistered office address | here: | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | New Registered Office Address: Enter Florida stree | | iress |
| | | , Florida | |
| - | City | | Zip Code |
| lew Registered Agent's Signature, if changing Registered Ag | ent: | | 09 SE TAL |
| | | | |
| hereby accept the appointment as registered agent and he provisions of all statutes relative to the proper and continued the philagraphy of the position as registered agent. | agree to act in this c amplete performance | apacity. I further ag of my duties, and I a | ree to comply south on familiar with and |
| t cept the outguttons of my position as registered agent | as province for in Ci | napier ood, r.u. (rr, | A muserner is 1 |
| | 69 | u aantirm that the liv | withd limbelly |
| eing filed to merely reflect a change in the registered of ompany has been notified in writing of this change. | jice aaaress, 1 nereoj | y congrime and the me | mieu muonini 🛌 🗓 |

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H 0 9 0 0 0 1 2 6 7 8 9

MGR - Manager

H09000126789

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:

| <u> Fitle</u> | Name | <u>Address</u> | Type of Action |
|---------------|---------------------------------------|---|--------------------------|
| MGR | PAUL GOMBERG | 3030 POST OAK BLVD. HOUSTON TX 77056 | Add Remove |
| | · · · · · · · · · · · · · · · · · · · | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | · | | Add Remove |
| | | hange(s) here: (Attach additional sheets, if necessary.) AS MANAGER IN THE ABSENCE OF THE | |
| <u>PI</u> | RESIDENT OF 2101 ICON LLI | C | O9 MAY 21 / SECRETARY |
| Pated | MAY 21ST | 2009 comber or authorized representative of a member | OF STATE |
| | . De | VID CLAS PRESIDENT yped or printed name of signes | <u>.</u> |

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