

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000126794 3)))



H090001267943ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom.

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1005 ICON, LLC

RECEIVED
9 MAY 21 PM 1: 09
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing MON

Help

MAY 2 2 2009

EXAMINER

5/21/2009 12:09 PM

FAX NO. :3052201440

May. 21 2009 12:29PM P2

H09000126794

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (| 1005 IC | ONILLO | | | |
|-------------------------------|--|---|-------------------------|---------------------|----------------|
| Ø | anc of the Limited Liability Compa (A Plorida Limited) | nv us it now audes iability Company) | te on our records.) | | |
| The Articles of Organization | for this Limited Liability Company | were filed on | 12/27/2006 | and assigned | |
| .Plorida document number | L06000122453 | | | | |
| This amendment is submitted | to amend the following: | | • | | |
| A. If amending name, enter | the new name of the limited lish | ility company har | <u>.</u> e: | | |
| The new name must be distingu | ishable and end with the words "Limi | ted Liability Compa | my," the designation "L | LC" or the abbrevia | tion |
| Enter new principal offices | address, if applicable: | | | | ₽ |
| (Principal office address MU | <u>ST BE A STREET ADDRESS)</u> | | | 9 7.7 | 13SC 133S |
| | | | | | 医器 |
| | | | | 2 | FRY |
| Enter new mailing address, | if applicable: | | | | <u> 광</u> 수 |
| (Mailing oddress MAY BE A | POST OFFICE BOX | | | | RY OF STATE |
| | | | | | Ĭ. |
| | | | • | £. | Z 5 |
| B. If amending the regist | ered agent and/or registered of new registered office address her | fice address on (| our records, enter t | he name of the r | <u>wan</u> |
| LEANTIELS REGIL AUTIVOLATIE | HEM LESCHELER GRUTE RANGE AND AST HEL | E • | | | |
| Name of New Regis | tered Agent: | | | | - |
| New Registered Off | ice Address: | En | ier Florida street addi | ress | |
| | | , | | | |
| | | City | , Florida | Zip Code | _ |

New Registered Agent's Signatura, 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 affice 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

Page 1 of 2



MGR = Manager

MGRM = Managing Member

H09000126794

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:

Title <u>Address</u> Name Type of Action MGR **PAUL GOMBERG** 3030 POST OAK BLVD ✓ Add HOUSTON TX 77056 □ Add Remove . Romove 🔲 Remove Remove ∏Add Remove D. If amending any other information, anter change(s) here: (Auach additional sheets, if necessary.) PAUL GOMBERG WILL SERVE AS MANAGER IN THE ABSENCE OF THE PRESIDENT OF 1005 ICON LLC. MAY 21ST 2009 Dated _ Signature of a member or authorized representative of a member Typed or printed name of stynee

Page 2 of 2

Filing Fee: \$25.00