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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CON TECHNOLOGIES, 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:

GILBERTO GRISALES

Name of Person

ICON TECHNOLOGIES, LLC

Firm/Company

51 SW 11 STREET #1337

Address

MIAMI, FL 33130

City/State and Zip Code

SUNBIZ@ONLYICON.COM

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

For further information concerning this matter, please call:

GILBERTO GRISALES

_{.,}305 **,222-8502**

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

□\$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

Name of the Limited Liability Composition	NV OD If NOW DEBOARS OF OUR CASE	
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	<u>'us.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900096847</u>	were filed on 10/07/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ICON MEDIATECH, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	51 SW 11 STREET	
(Principal office address MUST BE A STREET ADDRESS)	#1337	
	MIAMI, FL 33130	<i>e</i> :
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	51 SW 11 STREET #1337	A CO STATE OF THE
	MIAMI, FL 33130	722
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>e</u> :	—————————————————————————————————————
Name of New Registered Agent:		
New Registered Office Address:		
- .:-	Enter Florida str	eet 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 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.

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>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			_	
		· -	_ Add	
			Remove	
			_	
			Add	
			Remove	
			_	
			Add	
			Remove	

D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
SEPTEM	BER 2 2013
	1/1/10
	Signature of a member or authorized representative of a member
GÌLBER	TO GRISALES
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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