

LO9000112391

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000034099 3)))



H110000340993ABC

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) 859-7494
Fax Number : (305) 858-2513

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: MARIAN BELLO@LATINGT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1001 ICON BRICKELL LIMITED LIABILITY COMPANY

Certificate of Status	1
Certified Copy	1
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11 FEB -9 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 10 2011

EXAMINER

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FEB. 8. 2011 4:07PM

RICARDO MARTINEZ

NO. 384 P. 1

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H11000034099 3

RICARDO MARTINEZ-CID

Professional Association
Attorney at Law

1699 Coral Way, Suite 510, Miami, Florida 33145-2860
Telephone (305) 859-7494 Facsimile (305) 858-2513
e mail: mtnezcid@aol.com

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SEND TO: Florida Department of State/Division of Corporations
P. O. Box 6327, Tallahassee, Florida 32314

VIA: (850) 617 6383

SENT BY: Ricardo Martinez-Cid, Esq.

DATE: February 8, 2011

2011 FEB -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Secretary of State:

Kindly, file the following amendment to the managers and officers of 1001 ICON BRICKELL LIMITED LIABILITY COMPANY. Debit my account for the amount of \$60.00, covering the filing fee, good standing certificate and certified copy. Please, make sure that full names of the managers are reflected in the Public Record: MARIANA DE LOURDES LUY DE BELLO, to serve as Manager-President and MAGLY DEL CARMEN BELLO LUY, to serve as Manager-Secretary-Treasurer.

Ricardo Martinez-Cid, P.A.
1699 Coral Way, Suite 510
Miami, Florida 33145-2860
Telephone # (305) 859-7494
Facsimile # (305) 858-2513

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H11000034099 3

FEB. 8. 2011 4:07PM

RICARDO MARTINEZ

NO. 384 P. 2

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H11000034099 3

RICARDO MARTINEZ-CID

Page Two

February 8, 2011

Upon filing, please, provide, via facsimile, a good standing certificate and a certified copy of the Articles of Amendment. Thank you for your cooperation.

Sincerely,

Martinez-Cid

Ricardo Martinez-Cid

RMC/ng

PS: The email address to be used for annual reports is:
marianbello@latingt.com

2011 FEB -9 AM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Ricardo Martinez-Cid, P.A.
1699 Coral Way, Suite 510
Miami, Florida 33145-2860
Telephone # (305) 859-7494
Facsimile # (305) 858-2513

FEB. 8. 2011 4:07PM

RICARDO MARTINEZ

NO. 384 P. 5

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1001 ICON BRICKELL LIMITED LIABILITY COMPANY
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:

RICARDO MARTINEZ-CID, ESQ.

Name of Person

RICARDO MARTINEZ-CID, P.A.

Firm/Company

1699 Coral Way, Suite 510

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

mtnezcid@aol.com

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

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID, ESQ.

Name of Person

at (305)

632 1950

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

2011 FEB -9 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1001 ICON BRICKELL LIMITED LIABILITY COMPANY

(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 November 23, 2009 and assigned Florida document number L09000112391.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2011 FEB -9 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City Florida 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 Changing Registered Agent, Signature of New Registered Agent

FEB. 10. 2011 8:14AM

RICARDO MARTINEZ

NO. 389 P. 5

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

Title	Name	Address	Type of Action
MGR	JOSE BELLO LUY	465 Brickell Avenue, Unit 1001 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MAGLY BELLO LUY	465 Brickell Avenue, Unit 1001 Miami, Florida 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR/P	MARIANA DE LOURDES BELLO LUY	465 Brickell Avenue, Unit 1001 Miami, Florida 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/S	MAGLY DEL CARMEN BELLO LUY	465 Brickell Avenue, Unit 1001 Miami, Florida 33131	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB -9 AM 9:38

Dated February 8, 2010

Signature of a member or authorized representative of a member

RICARDO MARTINEZ-CID, ATTORNEY FOR MEMBER

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00