

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H15000148031 3)))



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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

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) ~~858-7494~~ 632 1950
Fax Number : (305) ~~858-2513~~ 854 9733

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

Email Address: financial@fonglobal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1903 ICON BRICKELL LIMITED LIABILITY COMPANY**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUN 23 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1903 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

Name of Person

Firm/Company

1699 Coral Way, Suite 510

Address

Miami, Florida 33145-2860

City/State and Zip Code

jesperante@bornrgroupglobal.com

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

For further information concerning this matter, please call:

Ricardo Martinez-Cid

Name of Person

305

at ()

Area Code

632 1950

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|------------------------|--|
| MGR | CABRERA, MAGLY | 501 Brickell Key Drive | <input type="checkbox"/> Add |
| | | Suite 504 | <input checked="" type="checkbox"/> Remove |
| | | Miami, Florida 33131 | <input type="checkbox"/> Change |
| MGR/P/S | ESPERANTE, JOSE LUIS | 501 Brickell Key Drive | <input checked="" type="checkbox"/> Add |
| | | Suite 504 | <input type="checkbox"/> Remove |
| | | Miami, Florida 33131 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

5 JUN 22 2015
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 TALLAHASSEE, FLORIDA

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[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 16 2015

Signature of a member or authorized representative of a member

JOSE LUIS ESPERANTE, MGR/P/S/T

Typed or printed name of signer

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Filing Fee: \$25.00

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