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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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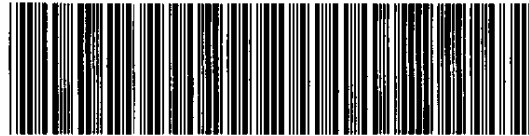
(Business Entity Name)

(Document Number)

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T. CLINE

JUL 13 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 12 AM 11:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON BRICKELL 3-4103, 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:

EVELYN TRUJILLO

Name of Person

PRATS FERNANDEZ & CO, PA

Firm/Company

2121 PONCE DE LEON BLVD SUITE #240

Address

CORAL GABLES, FL 33134

City/State and Zip Code

INFO@PRATSFERNANDEZ.COM

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

For further information concerning this matter, please call:

EVELYN TRUJILLO

Name of Person

at (305)

444-8333

Area Code & Daytime Telephone Number

FILED
2310 JUL 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

ICON BRICKELL 3-4103, LLC

(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 05/26/2010 and assigned
Florida document number L10000056897.

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)

2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134

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:

PRATS FERNANDEZ & CO, PA

New Registered Office Address:

2121 PONCE DE LEON BLVD SUITE #240

Enter Florida street address

CORAL GABLES

Florida

33134

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 Changing Registered Agent, Signature of New Registered Agent

Jun.10.2010 11:45 AM

PAGE. 1/ 1

FROM: ROBERT COOPER PH

FAX NO. 13057920200

Jun. 10 2010 11:51AM P1

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	ROSALIND BROOKMAN	2800 NE 181 STREET, ATE # 800 AVENTURA, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GERALDINE VILLA	2121 PONCE DE LEON BLVD ATE 248 CORAL GABLES, FL 33134	<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
			<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.)

Dated JUNE 09, 2010

X. Rosalind Brookman
Signature of a member or authorized representative of a member
Rosalind Brookman
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED
2010 JUL 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA