L10000084414

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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2010 AUG 30 AM 8:25
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TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
3705 ICON EK INVESTMENTS, LLC

Certificate of Status	0
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Estimated Charge	$25.00

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EXAMINER

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DATE,TIME	08/30 13:58
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PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

TRANSMISSION VERIFICATION REPORT

TIME : 08/30/2010 13:59
NAME : EMPIRE CORP KIT
FAX : 3056339696
TEL : 3056343694
SER.# : BROG5J504820

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(3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3705 ICON EK INVESTMENTS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/12/10 and assigned Florida document number L10000084414

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)

2999 NE 191 Street
PH 8
Aventura, FL 33180

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

2999 NE 191 Street
PH8
Aventura, FL 33180

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: OSCAR Gonzalez-Racini, PA

New Registered Office Address: 2999 NE 191 Street PH8
Enter Florida street address

Aventura, Florida 33180
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

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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	JoSom Pietrafitta	18246 Collins Ave Sunny Isles Beach FL 33160	☐ Add ☑ Remove
MGRM	Esther Katz	2899 NE 191 Street PHS Aventura, FL 33180	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a member or authorized representative of a member

Joseph Pietrafitta

Typed or printed name of signer

Filing Fee: $25.00

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