

# L 10000085955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200192269252

01/31/11--01004--017 \*\*25.00

FILED  
11 JAN 31 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 2 2011

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3311 DT ICON, 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:

SANDRA SIERO  
Name of Person

\_\_\_\_\_  
Firm/Company

18246 COLLINS AV  
Address

SUNNY ISLES, FL 33160  
City/State and Zip Code

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

For further information concerning this matter, please call:

SANDRA SIERO at 305, 947-0477  
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

FILED  
11 JAN 31 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

3311 DT ICON, LLC

(Name of the Limited Liability Company as it may appear on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/16/2010 and assigned Florida document number L10000085955

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18246 Collins Avenue  
Sunny Isles, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18246 Collins Avenue  
Sunny Isles, FL 33160

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

SANDRA SIERO

New Registered Office Address

18246 COLLINS AV

Enter Florida street address

SUNNY ISLES

Florida

33160

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.

X Sandra Siero

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sandra Siero	18246 Collins Avenue Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bustano Gastaldello	18246 Collins Avenue Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Margarita Finberg	2999 NE 191 Street # 900 Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" 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 1/26/11

*Margarita Finberg*  
Signature of a member or authorized representative of a member

MARGARITA FINBERG  
Typed or printed name of signee