

L10000123768

(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



400200643474

04/08/11--01032--025 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -8 AM 8:45

FILED

C. LEWIS

APR 11 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ICON BRICKELL 3-2210, 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:

Gustavo Gambino

Name of Person

Miami Condo Services

Firm/Company

785 Crandon Blvd #201

Address

Key Biscayne, FL 33149

City/State and Zip Code

gusgambino@gmail.com

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

For further information concerning this matter, please call:

Gustavo Gambino

Name of Person

at (786)

281-5050

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

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

FILED

2010-01-08 AM 11:43

ICON BRICKELL 3-2210, LLC

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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 12/01/2010 and assigned
Florida document number L10000123768.

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:

785 Crandon Blvd #201

(Principal office address MUST BE A STREET ADDRESS)

Key Biscayne, FL 33149

Enter new mailing address, if applicable:

785 Crandon Blvd #201

(Mailing address MAY BE A POST OFFICE BOX)

Key Biscayne, FL 33149

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:

Gustavo Gambino

New Registered Office Address:

785 Crandon Blvd #201

Enter Florida street address

Key Biscayne

Florida

33149

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

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:

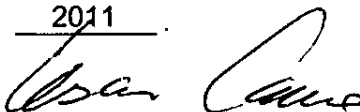
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRGM	Campiani, Matias	785 Crandon Blvd #201 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gambino, Gustavo	785 Crandon Blvd #201 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Carro, Cesar		<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 April 5, 2011



Signature of a member or authorized representative of a member

Cesar Carro - MGR

Typed or printed name of signee

SECRETARY OF STATE
TREASURER OF FLORIDA

2011 APR - 5 AM 11:15

FILED