

Division of Corporations Electronic Filing Cover Sheet

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(((H110000558913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**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 **1708 ICON B3 LLC**

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Execting Menu

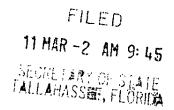
Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	1708 ICO	N B3 LLC			
(Name of the	Limited Liability Compa (A Florida Limited I	ny as it now apper liability Company)	15 op our receivis.		
The Articles of Organization for this Lin	and assigned				
Florida document number L110	00017278				
This amendment is submitted to arpend	the following:				
A. If amending name, enter the new i	rame of the limited liab	ility company he	re:		
The new name must be distinguishable and "L.L.C."	end with the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		3201 NE 183 ST APT 402			
(Principal office address MUST BE A STREET ADDRESS)		Aventura, FL 33160			
Enter new mailing address, if applical	bles	3201 NE 183	STAPT 402		
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, FL 33160			
B. If amending the registered agent registered agent and/or the new regist			our records, <u>enter t</u>	e name of the new	
Name of New Registered Ager	veronica S	Veronica Sarabia			
New Registered Office Addres	3201 NE 18	3201 NE 183 ST APT 402			
			nter Florida street addı		
		Aventura	, Florida	33160 Zin Code	
Now Desistand Ament's Cinnetity if the		City		zių 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 help to 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 descending 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>	Name	Address	Type of Action
MGR	Gustavo Gambino		Add Remove
MGR	Gaston Taratuta		
			AddRemove
D. If amen	ding any other inform≥tion, ent	ter change(s) here: (Attach odditional she	ots, if necessary.)
		7	
Dated	February 15	, 201	A WALLEY
	Signature of	a monther of authorized representative of a mi Gustavo Gambino	ember
		Typed or printed name of signee	

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Filing Fee: \$25.00