Division of Corporations Electronic Filing Cover Sheet

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(((H12000125728 3))).



H120001257283ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800

Fax Number : (305) 416-6811

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

Email Address:

MAY -7 AM 7: 08

ECRETARY OF STATE

LAHASSEE. FLORED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICON UNIT 1704, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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G. MCLEOD

MAY - 8 2012

EXAMINER

3054166811 05/07/2012 15:21

COVER LETTER

(((H12000125728 3)))

TO:	Registration S Division of Co	ection rporations		
SUBJI	ECT:	ICON U	INIT 1704, LLC	
			ited Liability Company	·
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Diane M. Hernandez	
			Name of Person	
		,	Adams Gallinar, P.A.	
			Firm/Company	
		1000	Brickell Avenue, Suite 300	
		,	Address	
		ı	Mlami, Florida 33131	
			City/State and Zip Code	
		dhe	ernandez@agilaw.com to be used for future annual report notif	instion
For fur	ther information of	concerning this matter, please o		reaction y
	Diane	M. Hemandez	at (305)	416-6800
		of Person	Area Code & Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII.	ING ADDRESS:	STOPET/COUNT	FB 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

(((H12000125728 3)))

3054166811

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ICON UNIT 1704, LI	LC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed or	on March 17, 2011 and assigned
Florida document numberL11000032844	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
ARTECITY N204, LLC	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	377 (37) —
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ive 3 li
	7 C
	ညီႏို့ ယ
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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Zip Code

3054166811

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:

	Name	Address	Type of Action
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
f amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	
f amen	ding any other information, enter cl		
f amen		nange(s) here: (Attach additional sheets, if necessary.)	
f amen	May 7		

Page 2 of 2

Filing Fee: \$25.00