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DIVISION OF CORPORATIONS

L Prempton JAN 13 2011

COVER LETTER

TO:	Registration Section Division of Corporation				
SUBJECT: ICON 4508 INVESTMEN					
		Name of Limi	ited Liability Company		
The en	closed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please	return all corresponde	ence concerning this matter	to the following:		
		GA	AETANO CATALOGNA		_
			Name of Person		
	_	ICON	4508 INVESTMENT, L	LC	_
			Firm/Company		
		17	75 SW 7TH ST. #1523		
	·		Address		
			MIAMI, FL 33130		
	•		City/State and Zip Code		-
	_	ASSIS F-mail address: (1	TANT@477REALTY.Co	OM notification)	
For fur	ther information conc	erning this matter, please of	-	,	
	GAETANO	CATALOGNA	at (305)	629-8191	
	Name of Pe	rson	Area Code & Da	aytime Telephone Numbe	er
Enclose	ed is a check for the f	ollowing amount:			
√ \$25	.00 Filing Fee	330.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &

MAILING ADDRESS:

TO:

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 SECRETARY OF STATE OF OF

72 JAN 12 AHII: 12

ICON 45	08 INVESTMENT, L	LC		
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	6/21/2011	and assigned	
Florida document number L11000072075				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADI	ORESS)			
		·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	 		-	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	ress	
	, Florida			
_	City	, Fiorida	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>	Name	Address	Type of Action
MGRM	ROSA RAMOS	175 SW 7TH ST. #1523 MIAMI, FL 33130	Add Remove
MGRM	RICCARDO CATALOGNA	175 SW 7TH ST. #1523 MIAMI, FL 33130	✓ Add ☐ Remove
			Add Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	SECRET DIVISION O
 Dated	JANUARY 9 , 20	012	FILED: STATE ARY OF STATE F CORPORATIONS
	Signature of a membe	0 /	
		TANO CATALOGNA I or printed name of signee	
	1 ypec	i or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00