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(Requestor's Name) (Address) (Address)	900215361249
(City/State/Zip/Phone #)	01/12/1201026027 **75.00
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	ICON 3906 I	NVESTMENT, LL	C
·		ited Liability Company	
d Articles of An	nendment and fee(s) are sub	omitted for filing.	
n all correspond	ence concerning this matter	to the following:	
	GA	ETANO CATALOGN	A
		Name of Person	
	ICON	3906 INVESTMENT,	LLC
		Firm/Company	
	17	75 SW 7TH ST. #1523	3
		Address	
		MIAMI, FL 33130	
		City/State and Zip Code	
	ASSIS	TANT@477REALTY.	СОМ
	E-mail address: (to be used for future annual rep	ort notification)
information cond	cerning this matter, please c	call:	
GAETANO	CATALOGNA	at (_305)	629-8191
Name of Po	erson	Area Code &	Daytime Telephone Number
a check for the f	ollowing amount:		
iling Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certificate of Son Certificate of Son Certified Copy (additional copy

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

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Please return

For further in

Enclosed is

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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

ARTIC	LES OF AMENDME	NT	
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ARTICL	ES OF ORGANIZA	FILE FILE	D ST GI I I I
	OF	FION FILE SECRETARY O DIVISION OF COF	PORATIONS
		V2 JAN 12 /	MII: 10
ICON 39	906 INVESTMENT,		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now app ida Limited Liability Company	ears on our records.))	
The Articles of Organization for this Limited Liability	ty Company were filed on	6/21/2011	and assigned
Florida document number L11000072096	<u>}</u> .		
This amendment is submitted to amend the following	g: .		
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:		·····	······
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re		our records, enter	the name of the new
registered agent and/or the new registered office a	address nere:		
Name of New Desistered Assurt			
Name of New Registered Agent:			
New Registered Office Address:			
	I	Enter Florida street ad	dress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

	aging member		
<u>Title</u>	Name	Address	Type of Action
MGRM	ROSA RAMOS	175 SW 7TH ST. #1523 MIAMI, FL 33130	Add Remove
MGRM	JEANPIERO S SCIARA	<u>175 SW 7TH ST. #1523</u> MIAMI, FL 33130	_ ✓ Add Remove
			_ Add _ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

—		
Dated	JANUARY 9 , 2012	·····
	Gustamo Catalog	0
	Signature of agneember or authorized representative of and	ember
	GAETANO CATALOGNA)
	Typed or printed name of signee	

Page	2	of	2	
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Filing Fee: \$25.00