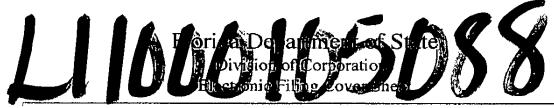
Division of Corporations

10/29/13 5:41 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002404673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: PARJUS & ASSOCIATES, P.A. Account Name

Account Number : I20110000055 Phone : (954)593-5310

Fax Number : (954)337-0568

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

Ems il	Address:	
	MUGICOSI	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICONBRICKELL 1411, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(OCT 3 1 2013

D. BRUCE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 CON BRICK		. C	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 9 13	1211	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the	designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		12 CA 130 A 18	2
(Principal office address MUST BE A STREET ADDRESS)		A	8
		3.2.	ယ ကူးအ*
Enter new mailing address, if applicable:			<del>u</del> i
(Mailing address MAY BE A POST OFFICE BOX)		200 200 100 100 100	O)
•		(E) ( ) ( )	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, <u>enter the</u>	name of the new
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Flor	ida street addres	2.5
		_, Florida	
	City		Zip Code
No. 10 and 10 an	4		

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					
Title	Name	Address	Type of Action		
MGRM	Arturo Ortega Hernandez	848 Brickell Key Dr. Apt. 4404	Add		
		Miami, FL 33131	Remove		
MGR_	Myriam Ortega Quintero	1730 Main St. Suite 212	✓ Add		
		Weston, FL 33326	Remove		
			Remove		
			AND REMOVE OF SILE		
			Add  Remove		
			Remove		

വർ	29	14.3	05:22p

Parjus & Associates. P.A.

9542185909

p.4

D.	If ame	nding anv	other information, en	ter c	change(s) here: (Attach additional sheets, if necessary.)
,					mange(s) here. (Illiaen additional sheets, y heecssary.)
	_			• • • • • • • • • • • • • • • • • • • •	
	_			,	
	_			····	
	-				
Dat	Jun	e 28, 20	13		
<b>L</b> /All	ea <u>san</u>	10 20, 20		., _	·
				٠,	
			Signature of	a m	ember or athorised opresentative of a member
		Myrian	n Ortega Quinte <u>ro</u>		
			,	7	Typed of printed name of signee

Page 3 of 3
Filing Fee: \$25.00

OCI 30 PM 3: 46