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B. BOSTICK

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EXAMINER

COVER LETTER

то:	Registration So Division of Co		1 1	•			
	184 .			•			
SUBJE	ECT:		ICV2, LLC				
		Name of Limi	ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			Edward DeCaso				
			Name of Person				
			Firm/Company				
		1001 Brickell Bay Drive, Suite 2904				•	
			Address		TA:		
Miami, Florida 33131 City/State and Zip Code EDecaso@banif-usa.com E-mail address: (to be used for future annual report notification)			LANGE CONTRACT	2 SEP	mer.		
		ED	ecaso@banif-usa.com	and Good's a	ASSET	19	PACAY.
For fu	rther information	concerning this matter, please c		iotification)	er sin E FLen	EP 19 PH 12: 1	A STATE OF THE STA
	Ed	ward DeCaso	at (305)	377-2188	(A)		
	Name	of Person	Area Code & Da	ytime Telephone Number	Г		
Enclos	sed is a check for	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	ate of Statu		sed)
		LING ADDRESS: tration Section	STREET/CO Registration So	URIER ADDRESS:			
Division of Cornerations		Division of Co					

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFHE IC\ (Name of the Limited Liability Compar (A Florida Limited L	V2, LLC ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on02/09/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BFHE 30 Phoe	enetia, LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designatio	₹
Enter new principal offices address, if applicable:		72 S
(Principal office address MUST BE A STREET ADDRESS)		
		SSE 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	. Florida	•
	City	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 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
•			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary)	12 SEP 19 PHI2
 Dated	August 30 , 20	012	<u></u>
		of authorized representative of a member	
	Edward	d DeCaso, as Manager d or printed name of signee	
	7.5		

Page 2 of 2

Filing Fee: \$25.00