

L 12000055094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 27 2013

S. TONER

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02/11/13--01020 -001 **60.00

FILED
13 FEB 27 AM 8 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~WIS-8678~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2013

CAMERON ROBINSON
5416 DEERBROOKE CREEK CIR. #17
TAMPA, FL 33624

SUBJECT: ICON REALTORS LLC.
Ref. Number: L12000055094

We have received your document for ICON REALTORS LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 713A00003427

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seasoned Clouds LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cameron Robinson

Name of Person

Firm/Company

5416 Deerbrooke Creek Cir. #17

Address

Tampa FL 33624

City/State and Zip Code

seasonedclouds@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanell Robinson

Name of Person

813 334-9040

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
13 FEB 27 AM 8:56

Icon Realtors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/20/2012 and assigned
Florida document number L12000055094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Seasoned Clouds LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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:

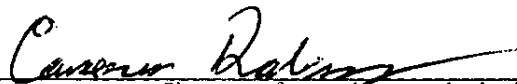
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 2/21/2013, _____.



Signature of a member or authorized representative of a member

Shanell Robinson

Cameron Robinson

Typed or printed name of signee

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Filing Fee: \$25.00