# L120000109408

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D. BRUCE

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**EXAMINER** 

## CŐVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IBEVIAN ICON RESIDENTIAN, 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:
CAVIOS CIC  Name of Person
Mame of Person  (Arlos A. Gir PA  Firm/Company
2910 West Flagurs St Address
Address  MIAMI FL 33/34  City/State and Zip Code  CARLOS & CARLOS A GILDA. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  at (305) 443-15285
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

IBerian I	ion lesidoner LLI		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000</u> 69408	- 6- 6-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Ä.		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2 JUN -4 PHIE 2 LAHASSEE. FLORID		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Δ	ddress	Type of Action
m <u>grm</u>	SALVADON	Fernandie Fernandie	95 Merrich WA Corm GABLES, F	Add Add Remove
marm	Snevador	Ferro -	SAMC	Add 7 Remove
ngim	DANIEL 1	Ferru =	SAML	Add Add Remove
MGR_	DULIAN 3	s. Rodriguez	95 Merrick 2 SVITE 250 COYAL GABLES, F	Add Remove
MgRM	IBeriAN:	Icon USA, INC	SAME	☐ Remove
ng <u>rm</u>	InANITY	COAST, INC	SIME	
D. If ame	nding any other infor	mation, enter change(s) h	ere: (Attach additional sheets, if n	12 JUN -4 PH 12: 27  CECNETARY OF STATE ALLAHASSEE, FLORIDA  eccessary.)
Dated	MAY 29	Signature of a member or au	thorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00