

L1200012,9121

(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:

Office Use Only



700278414627

10/27/15--01027--013 **25.00

FILED
15 OCT 27 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2015

Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ICON BAY 2204 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:

ALINE DARMOUNI

Name of Person

MASSAT CONSULTING GROUP

Firm/Company

44 WEST FLAGLER ST, STE 2300

Address

MIAMI, FL 33130

City/State and Zip Code

darmouni.aline@mcgintl.com

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

For further information concerning this matter, please call:

ALINE DARMOUNI

at (305) 600-4405

Name of Person

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

ICON BAY 2204 LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROGGE, SHEHERAZADE	44 WEST FLAGLER ST,	<input type="checkbox"/> Add
		STE 2300	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGRM	ROGGE, SEBASTIEN	44 WEST FLAGLER ST,	<input checked="" type="checkbox"/> Add
		STE 2300	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGRM	CAMPINOTI, BEATRICE	44 WEST FLAGLER ST,	<input checked="" type="checkbox"/> Add
		STE 2300	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
MGRM	CAMPINOTI, FRANCK	44 WEST FLAGLER ST,	<input checked="" type="checkbox"/> Add
		STE 2300	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

10/23/2015

_ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 23, 2015


Signature of a member or authorized

Signature of a member or authorized representative of a member

MASSAT CONSULTING GROUP - ALINE DARMOUNI - REGISTERED AGENT

Typed or printed name of signee