[12000] Q_C12-1

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Sec Division of Corp			
ento at	ICON BAY	2204 LLC		
SUBJE		Name of Lin	nited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		ALINE DARMOUNI		
			Name of Person	
		MASSAT CONSULTING	G GROUP	
			Firm/Company	
		44 WEST FLAGLER ST,	STE 2300	
			Address	
		MIAMI, FL 33130		
			City/State and Zip Code	
		darmouni.aline@mcgintl.co		V9
			to be used for future annual report notif	ication)
For fun	ther information co	oncerning this matter, please c	all:	
ALINE	EDARMOUNI		305 600-4405	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	5.00 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

ICON BAY 2204 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 08/15/2012	and assigned
Torida document number L12000104921		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	44 WEST FLAGLER ST., STE 2300	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130	-
Inter new mailing address, if applicable:	44 WEST FLAGLER ST., STE 2300	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130	· · · · · · · · · · · · · · · · · · ·
raming marcas man bearings of the body		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	*	the name of the
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	-
	Ciţy	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 605. 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 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>	Type of Action
MGRM	ROGGE, SHEHERAZADE	44 WEST FLAGLER ST,	
		STE 2300	■ Remove
		MIAMI, FL 33130	Change
MGRM	ROGGE, SEBASTIEN	44 WEST FLAGLER ST,	
		STE 2300	☐ Remove
•		MIAMI, FL 33130	☐ Change
MGRM	CAMPINOTI, BEATRICE	44 WEST FLAGLER ST,	🖼 Add
		STE 2300	□ Remove
		MIAMI, FL 33130	Change
MGRM	CAMPINOTI, FRANCK	44 WEST FLAGLER ST,	Add
		STE 2300	Remove
		MIAMI, FL 33130	Change
			Remove
			☐ Change
			□ Remove
			□ Change

Effective date, if other than the date of filing: O 3 3 30/5 (optional) If in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) 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. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated OCTO BOCK 33 3005 Again are of a member or authorized representative of a member		\cdot
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Dated UCTO BER 35. 3015. Mignature of a member or authorized representative of a member		
Agnature of a member or authorized representative of a member	Dated	UCTOBER 25 2015
Signature of a member or authorized representative of a member		10
Fignature of a member or authorized representative of a member		Al-Mai
		Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00