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M. (william)

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### **COVER LETTER**

TO: Registration Division of C				
	AY 3006 LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.		
Please return all corres	spondence concerning this matter to	o the following:		
	ALINE DARMOUNI			
		Name of Person	<del></del>	
MASSAT CONSULTING GROUP LLC				
		Firm/Company	·	
Firm/Company  44 WEST FLAGLER STREET, SUITE 2300,  Address				
	-	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	n concerning this matter, please cal		cation)	
ALINE DARMOUNI		305 600-4405 at () Area Code Daytime	Telephone Number	
Nam	e of Person	Area Code Daytime	Telephone Number	
Enclosed is a check fo	r 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 2015 OCT 27 PM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**ICON BAY 3006 LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/09/2015}{1}$ and assigned Florida document number \_L12000117390 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

#### 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

, Florida

## 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>Add</u>	ress	Type of Action
MGR	THOMAS, STEPHANE	44 V	VEST FLAGLER ST.,	■ Add
		sur	ГЕ 2300	□ Remove
		MIA	AMI, FL 33130	☐ Change
MGR ROGGE, SEBASTIEN	ROGGE, SEBASTIEN	44 \	WEST FLAGLER ST.,	
		SUI	TE 2300	■ Remove
		MIA	AMI, FL 33130	Change
				☐ Remove
				□ Change
				Add
				☐ Remove
				Add
				☐ Remove
				☐ Change
		<del>-</del> . —		□ Add
				□ Remove
				Change

<i>x</i> . #1 alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	<u> </u>	
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		100 <b>2</b> 700 <b>3</b> 700 3 700
	tive date, if other than the date of filing: $\frac{10/23/3015}{}$ (optional)	
(If an ei <b>Note:</b>	flective date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	r of:
Dated	OCTOBER 23 , 2015.	
	<i>A</i> -	
	Signature of a member or authorized representative of a member	
	ALINE DARMOUNI - MASSAT CONSULTING GROUP LLC - REGISTERED AGENT	
	Typed or printed name of signee	

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Filing Fee: \$25.00