#1300079302

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2014 MAR 10 PM 3: 17
SECRETARY OF STATE

K.SALY EXAMINER MAR 1 1 2014

ICON BAY 4302, LLC. 10650 NW 29 TERRACE, DORAL, FL, 33172

February 11, 2014 '

Document Number: L13000079302

Enclosed please find the Articles of Amendment for the above named corporation.

Should you have any questions please contact us at (305) 888-0146 Ext 318

President



February 19, 2014

ICON BAY 4302, LLC. CARLOS LOPEZ 10650 NW 29 TERR. DORAL, FL 33172

SUBJECT: ICON BAY 4302 LLC Ref. Number: L13000079302

We have received your document for ICON BAY 4302 LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Letter Number: 914A00003787

Karen A Saly Regulatory Specialist II

www.sunbiz.org

	COVER LETTER		
TO: Registration Sect Division of Corpo			
SUBJECT: ICON	BAY 4302 LLC		
SUBJECT:	Name of Limited Liability Company		
	·		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
	JUAN CARLOS BRICENO		
	Name of Person		
	Firm/Company		
	10650 NW 29 TERRACE		
	Address		
	DORAL, FL, 33172		
	City/State and Zip Code		
	JCBRICENO@KOVERCO.COM		
	E-mail address: (to be used for future annual report notification)		
For further information cor	ncerning this matter, please call:		
	00 00100110 000 000		

JUAN CARLOS BRICENO

Name of Person

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

2014 MAR 10 PM 3: 17

SECRETARY OF STATE
ALLAHASSEE, FLORIDS

ICON BAY 4302 LLC

company has been notified in writing of this change.

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

(bility Company)	SEE. FLORIBA
The Articles of Organization for this Limited Liability Company we	ere filed on 05/31/2013	and assigned
Florida document number L13000079302		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
<u>-</u>		
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
-		
B. If amending the registered agent and/or registered office	oo addraee on our rooorde	anton the name of the n
registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the m
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Address.	Enter Florida stræt address	***
	, Flori	ida
	City [,]	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	to act in this capacity. I furth	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	BARLUISRI CORPORATION	1ST FL, YAMRAJ BLDG, P.O. BOX 875, RD TOWN ☐ Add
		TORTOLA, BRITISH VIRGIN ISLAND
AMBR	CARLOS ALBERTO LOPEZ	10650 NW 29 TERRACE ■ Add
		DORAL, FL, 33172
AMBR	SASHA ANDREINA BOLIVAR	10650 NW 29 TERRACE _{■ Add}
		DORAL, FL, 33172
		Add
		Remove
, 	<u> </u>	Add
		Remove
		Add
		Remove

	Hing any other information, enter change(s) here: (Attach additional sheets, if recessary.) HE % OWNED BY THE MEMBERS IS AS FOLLOWS:
BA	ARLUISRI CORPORATION 0 %
C	ARLOS ALBERTO LOPEZ 50%
SA	ASHA ANDREINA BOLIVAR 50%
(The effective the date the	date, if other than the date of filing:
	JUAN CARLOS BRICENO
	. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00