

#L 13000079302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

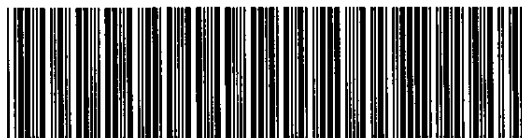
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 10 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 11 2014

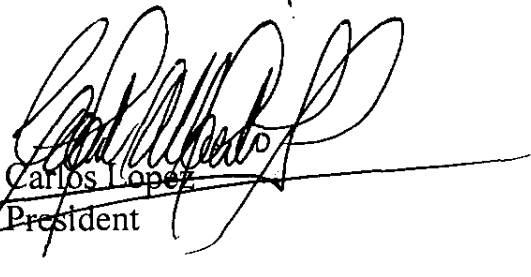
**ICON BAY 4302, LLC.**  
**10650 NW 29 TERRACE, DORAL, FL, 33172**

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



Carlos Lopez  
President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 914A00003787

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ICON BAY 4302 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:

**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 concerning this matter, please call:

**JUAN CARLOS BRICENO** at **(305) 888-0146**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2014 MAR 10 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	BARLUISRI CORPORATION	1ST FL, YAMRAJ BLDG, P.O. BOX 875, RD TOWN	<input type="checkbox"/> Add
		TORTOLA, BRITISH VIRGIN ISLAND	<input checked="" type="checkbox"/> Remove
AMBR	CARLOS ALBERTO LOPEZ	10650 NW 29 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL, 33172	<input type="checkbox"/> Remove
AMBR	SASHA ANDREINA BOLIVAR	10650 NW 29 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL, 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE % OWNED BY THE MEMBERS IS AS FOLLOWS:

BARLUISRI CORPORATION 0 %

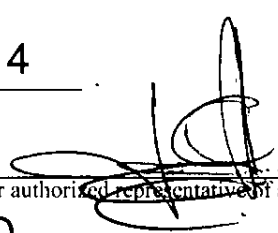
CARLOS ALBERTO LOPEZ 50%

SASHA ANDREINA BOLIVAR 50%

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 3 , 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JUAN CARLOS BRICENO

\_\_\_\_\_  
Typed or printed name of signee