

#L13000079749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

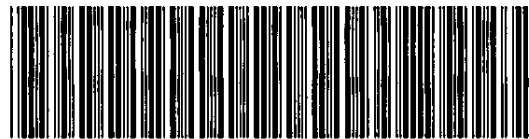
(Business Entity Name)

(Document Number)

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2014 MAR 10 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 11 2014

ICON BAY 4303, LLC.
10650 NW 29 TERRACE, DORAL, FL, 33172

February 11, 2014

Document Number: L13000079749

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 4303, LLC.
CARLOS LOPEZ
10650 NW 29 TERR.
DORAL, FL 33172

SUBJECT: ICON BAY 4303 LLC
Ref. Number: L13000079749

We have received your document for ICON BAY 4303 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: 414A00003787

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICON BAY 4303 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 4303 LLC

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

FILED
2014 MAR 10 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/31/2013 and assigned Florida document number L13000079749.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

_____, Florida _____
City 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 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., PO BOX 875 ROAD 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 %

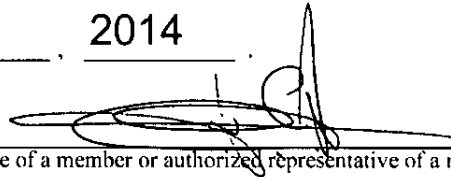
CARLOS ALBERTO LOPEZ 50%

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