L15000131397

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(Document Number)

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TALLAHASSEE, FLORIDA

MAY 25 2016

SWARREN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ICON BAY 603, 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:

Adis L. Riveron, Esq.
Name of Person

Law Offices of Pelayo Duran, P.A.
Firm/Company

4640 N.W. 7 St.
Address

Miami, FL 33126
City/State and Zip Code

rich021202@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adis L. Riveron, Esq. at (305) 266-9780
Name of Person — Area Code — 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

ICON BAY 603, 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 7/31/15 and assigned Florida document number L15000131397.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

350 S. Miami Ave.
No. 2715
Miami, FL 33130

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

350 S. Miami Ave.
No. 2715
Miami, FL 33130

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2015 MAY 23 P 4:39
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TALLAHASSEE, FLORIDA

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: Richard Viloria

New Registered Office Address: 350 S. Miami Ave., No. 2715
Enter Florida street address

Miami, **Florida** 33130
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

EXHIBIT " B "

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

Title	Name	Address	Type of Action
AMBR	SUAREZ CHIRRE, LUIS A	250 NE 25 St.	☐ Add
		No. 1709	■ Remove
		Miami, FL 33137	☐ Change
AMBR	VILORIA, RICHARD	350 S. Miami Ave.	■ Add
		No. 2715	☐ Remove
		Miami, FL 33130	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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

(If an 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 28th, 2016

_____
Signature of a member or authorized representative of a member

LUIS A. SUAREZ CHIRRE

_____
Typed or printed name of signee

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2016 MAY 23 P 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

U. S. Department of State

INDIVIDUAL ACKNOWLEDGMENT CERTIFICATE

VENUE

REPUBLIC OF PERU
(Country)

PROVINCE OF LIMA
(State, Province, etc.)

CITY OF LIMA
(City)

EMBASSY OF THE UNITED STATES
(Name of consular post)

I certify that on this day the individual named below appeared before me and acknowledged to me that the attached instrument was executed freely and voluntarily.

LUIS A. SUAREZ CHIRRE
(Typed Name of Individual)

(Signature of Consular Officer)

Ryan Feeback
(Typed Name of Consular Officer)

Vice Consul
U.S. Embassy Lima-Peru
(Title of Consular Officer)

April 28th. 2016
Date *(mm-dd-yyyy)*

(SEAL)

DS-1986
05-2006