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то:	Registration Se Division of Cor							
CUB IC.	13921 ICO	T FOUR, LLC						
SORJE	Name of Limited Liability Company							
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		Sebastian Barbagallo						
		·····	Name of Person					
		13921 ICOT FOUR, LLC						
			Firm/Company					
		1870 NW South River Dri	ve					
			Address	<u></u>				
		Miami, FL 33125						
			City/State and Zip Code					
		ado@bdevelopments.com						
For furtl	ner information co	E-mail address: (to be used for future annual report notifi all:	.cation)				
Alicia I	Dominguez		305 631-6660 at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for th	ne 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:

TO:

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	
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2015 NOV 12 PM 2: 55	5
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13921 ICOT Four, 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 8-13-2015 and assigned Florida document number L15000138965 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 _, Florida __ 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

MGR = M	from our records: anager uthorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	FILED 2015 NOV 12 PM 2: 56 TALLAHASSEE, F. STATE	Type of Action
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				☐ Remove
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maintenance and ma	inagement of that certain real property located at 13921, 13923 ICOT Blvd and
13920, 13922 58th S	Street N, Clearwater, FL 33760 and such activities are necessary, incidental or
appropriate in conne	ection therewith"
 	
	12015
	
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ective date. if other t	han the date of filing: (optional)
effective date is listed, the	e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	on the Department of State's records.
record specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after	the record is filed.
ed November 4	2015
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00