1/11/23, 5/16 PM ...*

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasets*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -**ROWELL ICON BAY LLC**

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ARTICLES OF AMENDMENT

	TO
ARTIC	CLES OF ORGANIZATION
	OF
ROWELL ICON BAY LLC	
	Liability Company as it now appears on our

(Name of the Limited Limited Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000117056}{1.19000117056}$.	were filed on MAY 7, 2019	and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	1000 BRICKELL AVENUE, SUITE 480		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	1000 BRICKELL AVENUE, SUITE 4 MIAMI, FLORIDA 33131	80	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the	new registere
Name of New Registered Agent:		· .	2 -
New Registered Office Address:		**	
	Enter Floricki street address	Ç.;	<u>ယ</u> ှ
Wilson Control of Cont	Florida	(3 ² -	<u> </u>
	City	Zno C	oefe

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 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

. . .

<u>Title</u>	Name	Address	Type of Action
MGR	ROWELL ENTERPRISES CORP.	1000 BRICKELL AVENUE, SUITE 400	
		MIAMI, FL 33131	■Remove
			[]Change
MGR	Siracusa Development, S. de R.L.	1000 BRICKELL AVENUE, SUITE 480	\ Add
		MIAMI, FL 33131	[]Remove
			☐Change
			Eladd
			∐Remove
			⊟Change
			ClAdd
			□Remove
			ClCharge
			□Add
			ClRemove
			⊟Сհունշ
			ClAdd
			ClRemove
			ClCbarke

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ck does not meet the appi	icable statutory filing remi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li	05 0207 (sted as ti
e record specifies a delayed effective d is filed.	date, but not an effective	time, at 12.01 a.m. on the	earlier of: (b) The 90th day af	ter the
December 23	2022			
Jane 11	·			
	Manuelle	/somo		

Typed or printed name of signee