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TO: Registration Section **Division of Corporations** Icon Premier Group, LLC SUBJECT: 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: Carlos A. Diaz Name of Person Icon Premier Group, LLC Firm/Company 5544 Lago Villaggio Way Address Naples, FL 34104 City/State and Zip Code carlos@iconpremiergroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 269-6162 Carlos A. Diaz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Icon Premier Group, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Colorida document number L19000170840	ompany were filed on 07/01/2019	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company "the decignation "LLC	"or the akhrevistion "LLC"
	ted Diability Company, the designation EEC	一 产型 品 "
nter new principal offices address, if applicable:	 	0
Principal office address MUST BE A STREET ADDR	ESS)	一
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Mailing address MAY BE A POST OFFICE BOX)	,	
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. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	s
	, Flo	orida
	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
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an effectiv	e date is listed, the d	an the date of fili late must be specific a	ing: and cannot be pr	ior to date of filing	or more than 90 day	(optional) ys after filing.)	Pursuant to 6	05,0207
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Pated		Signature of Carolos	<u>(J)</u>	Diaz	ativa of a mombus			

Filing Fee: \$25.00