

L19 0000 278973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

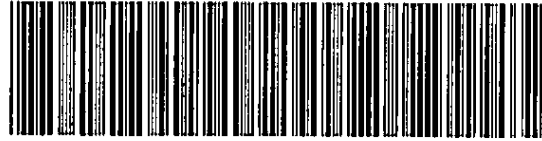
(Business Entity Name)

(Document Number)

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2021 JAN 25 PM 2:10
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
JAN 25 2021

US
3/8/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE BAY - AB 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:

ANNAMARIA FARKASNE DR. GYIMESI

Name of Person

BLUE BAY - AB LLC.

Firm/Company

5341 WATERVISTA DRIVE

Address

ORLANDO, FLORIDA, 32821

City/State and Zip Code

bluebayab@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
2021 JAN 25 PM 2:10
TALLAHASSEE, FL

For further information concerning this matter, please call:

Laszlo Varga

at (954) 540-9422

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

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**

BLUE BAY - AB 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 8/11/2019 and assigned
Florida document number L19088278973.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ICON PRIMUS PACIFIC LLC.

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)

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: ILDIKO GYIMESI

New Registered Office Address: 5341 WATERVISTA DRIVE

Enter Florida street address

ORLANDO

City

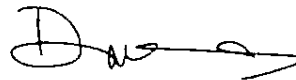
Florida

32821

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>	<u>Type of Action</u>
MGR	ANNAMARIA FARKASNE DR GYIMESI		<input type="checkbox"/> Add
		5341 WATREVISTA DR., ORLANDO, FL... 32821 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENCE LASZLO FARKAS		<input type="checkbox"/> Add
		5341 WATERVISTA DR., ORLANDO, FL... 32821 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ILDIKO GYIMESI		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JAN 25 PM 2:10
 STATE
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U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

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CLERK OF DISTRICT COURT
STATE OF TEXAS
COUNTY OF DALLAS

(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.

15/1/2021

Dated _____, _____.

Annamaria Farkasné dr. Gyimesi

Signature of a member or substitute of a member

Annamaria Farkasné dr. Gyimesi

Typed or printed name of signee