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2023 JAN -3 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**DATE: 1/3/2023**

**NAME: ICON PRIMUS PACIFIC LLC**

**TYPE OF FILING: AMENDMENT**


**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **ICON PRIMUS PACIFIC 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

**ICON PRIMUS PACIFIC 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)

For further information concerning this matter, please call:

**Judit Lynn Potter**

**305 504-1235**

at ( )

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 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

ICON PRIMUS PACIFIC LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 JAN -3 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/11/2019 and assigned  
Florida document number 119000278973.

This amendment is submitted to amend the following:

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

BLUE BAY-AB 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:

ANNAMARIA FARKASNE DR. GYIMESI

New Registered Office Address:

5341 WATERVISTA DRIVE

Enter Florida street address

ORLANDO

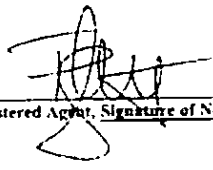
Florida 32821

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 12/29 . 2022  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 ANNAMARIA FARKASNE DR. GYIMESI  
 \_\_\_\_\_  
 Typed or printed name of signer

**Filing Fee: \$25.00**