

L20 0000 52733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

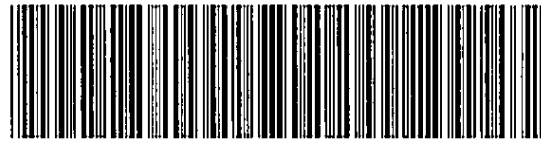
(Business Entity Name)

(Document Number)

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--CLERK OF STATE

US  
5/13/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIT 406 ICON BAY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRA FIANO

Name of Person

SUNSHINE GATE INVESTMENTS LLC

Firm/Company

2919 COCONUT AVENUE APT 4

Address

COCONUT GROVE, FL, 33133

City/State and Zip Code

FIANOLOANS@GMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRA FIANO

786

797-1197

Name of Person

at (

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

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TALLAHASSEE, FL  
DIVISION OF STATE  
CORPORATIONS

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNIT 406 ICON BAY, 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 02/14/2020 and assigned  
Florida document number L20000052733

This amendment is submitted to amend the following:

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

ORIGIN 3 FINANCIAL SOLUTIONS, 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:

2919 COCONUT AVENUE APT 4

(Principal office address MUST BE A STREET ADDRESS)

COCONUT GROVE, FL 33133

Enter new mailing address, if applicable:

2919 COCONUT AVENUE APT 4

(Mailing address MAY BE A POST OFFICE BOX)

COCONUT GROVE, FL 33133

**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:

ALEJANDRA FIANO

New Registered Office Address:

2919 COCONUT AVENUE APT 4

*Enter Florida street address*

COCONUT GROVE

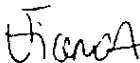
Florida 33133

*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

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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	LILIANA FIANO-ORTIZ	460 NE 28TH ST APT 406	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRA FIANO	2919 COCONUT AVENUE APT 4	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
TALLAHASSEE, FL

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STATE  
OF  
FLA

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**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.

Dated MARCH 8TH 2021

Fiore

Signature of a member or authorized representative of a member

ALEJANDRA FIANO

Typed or printed name of signee

**Filing Fee: \$25.00**