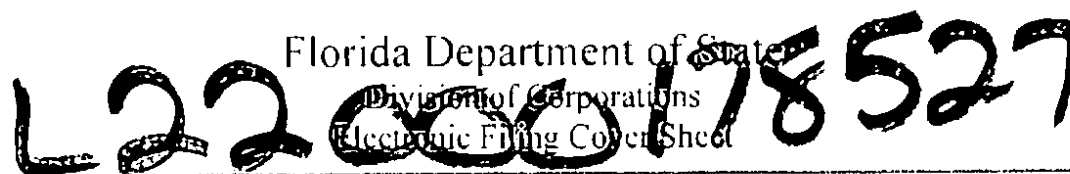


5/20/22, 5:02 PM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000180782 3)))



H220001807823ABC7

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FC4000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ICON MANAGEMENT SERVICES FLORIDA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

2022 MAY 23 AM 9:01

2022 MAY 23 AM 10:03

APPROVED  
AND  
FILED[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICON Management Services Florida, 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 April 11, 2022 and assigned Florida document number L22000178527.

This amendment is submitted to amend the following:

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

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)

15044 N. Scottsdale Road

Suite 300

Scottsdale, AZ 85254

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

Florida

33324

*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.*

*Sandra Zagal*

**If Changing Registered Agent, Signature of New Registered Agent**

APPROVED AND FILED  
2022 MAY 23 AM 10:03  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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>                      |
|--------------|--------------------------|-------------------------------|--|
| AMBR         | Troon Icon Holdings, LLC | 15044 N. Scottsdale Road      | <input checked="" type="checkbox"/> Add    |
|              |                          | Suite 300                     | <input type="checkbox"/> Remove            |
|              |                          | Scottsdale, AZ 85254          | <input type="checkbox"/> Change            |
| MGR          | Dennis K Colletti        | 5540 STATE RD 64 EAST STE 220 | <input type="checkbox"/> Add               |
|              |                          | BRADENTON, FL 34208           | <input checked="" 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            |
|              |                          |                               | <input type="checkbox"/> Add               |
|              |                          |                               | <input type="checkbox"/> Remove            |
|              |                          |                               | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

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 May 20, 2022

Signature of a member

Signature of a member or authorized representative of a member

Jay M. McGrath

Typed or printed name of signee

**Filing Fee: \$25.00**