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COVER LETTER

		tioh Section of Corporations			
SUBJEC		N PROPERTY MANAGEMENT GI	ROUP LLC		
SUBJEC	·1 ·	Name of Limi	ited Liability Company		-
The encl	osed Arti	cles of Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all c	orrespondence concerning this matter t	to the following:		
		Justa John			
		Long	Name of Person Firm Company		
		19491 NE 19 PI	Time quinpaily		
			Address		_
		NORTH MIAMI BEACH/	Florida 33179		
			City/State and Zip Code		
		jrjohn6419@gmail.com	o be used for future annual rep	ort natification)	-
For furthe	er inform	ation concerning this matter, please ca	·	or normalion)	
			at ()		
		Name of Person	Area Code	Daytime Telephone Num	ber
Enclosed	is a chec	k for the following amount:			
□ \$ 25.0	00 Filing	Fee	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Division P.O. Bo	ntion Section n of Corporations	The Centro 2415 N. M		810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICON	PROPERTY MANAGEMENT GROUP LLC	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Org Florida document n	anization for this Limited Liability Company were filed on	and assigned
This amendment is	submitted to amend the following:	
A. If amending na	me, 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 princip	d offices address, if applicable:	
(Principal office ad	dress MUST BE A STREET ADDRESS)	
Enter new mailing	address, if applicable:	
-	AY BE A POST OFFICE BOX)	
Maning university	<u> </u>	
	registered agent and/or registered office address on our records, enter the	name of the new registered
agent and/or the n	w registered office address here:	
Name of N	ew Registered Agent:	
		<u>-</u>
New Kegi	tered Office Address: Enter Florida street address	
	, Florid	я
	City	Zip Code
New Registered Age	nt's Signature, if changing Registered Agent:	
provisions of all st accept the obligati being filed to mere	appointment as registered agent and agree to act in this capacity. I furthe atutes relative to the proper and complete performance of my duties, and lons of my position as registered agent as provided for in Chapter 605, F.S. ly reflect a change in the registered office address. I hereby confirm that the notified in writing of this change.	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Ne	w Registered Agent

or remove MGR =	ed from dur records:	d to manage, enter the title, name, and address	of each person being added
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Giancarlo John	19491 NE 19 PI NORTH MIAMI BEACI	H, FL. 3317
			Remove
			Remove
			□Change
			□Add
			Remove
			□ Change
	_		□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□Add
			Remove
			☐Change

D. If am	ending any	y other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)	
	We would	like to Remove Giancarlo John from the ICON PROPERTY MANAGEMENT	GROUP LLC	
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(Ifan ef <u>Note:</u>	fective date is If the date	other than the date of filing: (option listed, the date must be specific and cannot be prior to date of filing or more than 90 days after finserted in this block does not meet the applicable statutory filing requirements, this live date on the Department of State's records.	ting.) Pursuant to 605.02	07 (3)(b) as the
If the record is fi		a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th	ıe
Dated	Septembe	Laparo John		
	وفوريا	Signature of a mornber or authorized representative of a member		
	Justa ——	Typed or printed name of signee	-	