

**N08000008450**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

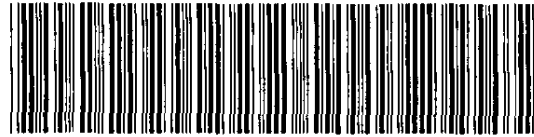
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 AUG 19 AM 11:20  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**FILED**  
10 AUG 19 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
**C.COULLIETTE**

AUG 19 2010

**EXAMINER**

Holland & Knight

Requester's Name

315 South Calhoun Street, suite 600

Address

Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Icon Brickell Condominium No. One Association, Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

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☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**Examiner's Initials**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** IconBrickell Condominium No. One Association, Inc.

**DOCUMENT NUMBER:** N08000008450

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ilana Strickon, Esq.

(Name of Contact Person)

Holland & Knight LLP

(Firm/ Company)

701 Brickell Avenue

(Address)

Miami, Florida 33131

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Ilana Strickon, Esq.

(Name of Contact Person)

at ( 305 ) 789-7444

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

IconBrickell Condominium No. One Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000008450

(Document Number of Corporation (if known))

FILED  
10 AUG 19 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
10 AUG 16 PM 12:14  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ *(Florida street address)*

\_\_\_\_\_ *(City)*

\_\_\_\_\_ *Florida*

\_\_\_\_\_ *(Zip Code).*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:  
(Attach additional sheets, if necessary.)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P &amp; D</u>	<u>BETANCOURT, OSWALDO</u>	<u>315 S. Biscayne Blvd.</u> <u>3rd Floor</u> <u>Miami, Florida 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP &amp; D</u>	<u>LOSADA, ASTOLFO A.</u>	<u>315 S. Biscayne Blvd.</u> <u>3rd Floor</u> <u>Miami, Florida 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>ST &amp; D</u>	<u>MARTIN, HEATHER M.</u>	<u>315 S. Biscayne Blvd.</u> <u>3rd Floor</u> <u>Miami, Florida 33131</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>WERNER, RICHARD</u>	<u>HSBC Bank USA N.A.</u> <u>One HSBC Center, 27 Floor</u> <u>Buffalo, NY 14203</u>	Legal Dept. <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S &amp; VP</u>	<u>WHYTE, CHRISTOPHER</u>	<u>HSBC Bank USA N.A.</u> <u>One HSBC Center, 27 Floor</u> <u>Buffalo, NY 14203</u>	Legal Dept. <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: May 11, 2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated Aug. 18 2010

Signature Christopher A. Whyte  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CHRISTOPHER WHYTE  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)