

NO8000008469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

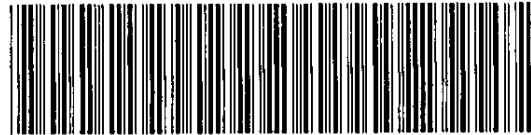
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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10 AUG 19 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amerid*  
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 #

Office Use Only

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

1. Icon Brickell Master Association, Inc  
(Corporation Name) (Document #)

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

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

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

☐ Walk in

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**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 Master Association, Inc.

DOCUMENT NUMBER: N08000008469

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. at ( 305 ) 789-7444  
(Name of Contact Person) (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 Master Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000008469  
(Document Number of Corporation (if known))

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**)

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

**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)

\_\_\_\_\_, Florida  
(City) (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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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 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>D</u>	<u>VADIA, RICARDO</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>P &amp; D</u>	<u>NADLER, MARK</u>	<u>HSBC Bank USA N.A.</u> Legal Dept. <u>One HSBC Center, 27 Floor</u> <u>Buffalo, NY 14203</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T&amp;D &amp; VP</u>	<u>NORTHINGTON, JOHN</u>	<u>HSBC Bank USA N.A.</u> Legal Dept. <u>One HSBC Center, 27 Floor</u> <u>Buffalo, NY 14203</u>	<input checked="" 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]

**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>
VP & D	WERNER, RICHARD	HSBC Bank USA N.A. One HSBC Center, 27 Floor Buffalo, NY 14203	Legal Dept. <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S & VP	WHYTE, CHRISTOPHER	HSBC Bank USA N.A. One HSBC Center, 27 Floor Buffalo, NY 14203	Legal Dept. <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

1

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)