

P07000109448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

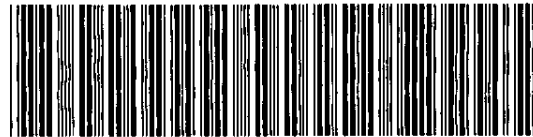
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV 18 AM 10:41

NOV 21 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2016

FABIO RODI MD / ICON BUILDING INC.  
3475 GOLDEN GATE BLVD. W.  
NAPLES, FL 34120 US

SUBJECT: ICON BUILDING INC.  
Ref. Number: P07000109448

We have received your document for ICON BUILDING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 116A00024139

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Icon Building Inc  
DOCUMENT NUMBER: PO7000109448

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

Please return all correspondence concerning this matter to the following:

FABIO Rooi mo.  
Name of Contact Person  
Icon Building Inc  
Firm/ Company  
3475 GARDEN GATE BLVD. W.  
Address  
NAPLES, FL 34120  
City/ State and Zip Code  
iconbuilding@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIO Rooi at ( 239 ) 643-3689  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2016 NOV 18 AM 10:41

Icon Building Inc.

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

PO7000109448

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 \_\_\_\_\_

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

New Registered Office 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

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change      P      FABIO RORI MD.      3475 GOLDEN GATE BLVD. W.  
      ☐ Add      \_\_\_\_\_      \_\_\_\_\_      NAPLES, FL  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      34120
- 2) ☒ Change      V      JOSE CRUZ      2608 43 ST. S.W.  
      ☐ Add      \_\_\_\_\_      \_\_\_\_\_      LEHIGH ACRES FL  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      33974
- 3) ☒ Change      S      Domenic Rori      3475 GOLDEN GATE BLVD. W.  
      ☐ Add      \_\_\_\_\_      \_\_\_\_\_      NAPLES, FL  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      34120
- 4) ☒ Change      I      BRUNO RORI      3475 GOLDEN GATE BLVD. W.  
      ☒ Add      \_\_\_\_\_      \_\_\_\_\_      NAPLES, FL 34120  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_
- 5) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
      ☐ Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_
- 6) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
      ☐ Add      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
      ☐ Remove      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

FABIO Rodi mo	90% SHARES
BRUNO Rodi	10% SHARES
JOSE Cruz	0% SHARES
Domenic Rodi	0% SHARES

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

11/13/16

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
If other than the

Effective date if applicable: \_\_\_\_\_

11/14/16

(no more than 90 days after amendment file date)

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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.

**Adoption of Amendment(s)**

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated \_\_\_\_\_

11/14/16

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FABIO RONI, MD.  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)