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SECKETARY OF STATE
DIVISION OF CONFORATION

7019 FFR 25 AM II: 46

C. LEWIS
FEB 2 6 2013
EXAMINER

## **COVER LETTER**

TO: A Registration Section of Corpo		مرين مهواه مناهم	40	B)6	e.	
SUBSECT:		STORE d Liability Company	5 L	L C		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please return all correspond	dence concerning this matter to	the following:				
	MARIA	Name of Person	RIC			
		STORES Firm/Company				
	1330 WES					
	Miami Bi		FLORE		33139	<u>}</u>
	E-mail address: (to	be used for future annu-	al report notification	on)		
For further information con	cerning this matter, please cal	I:				
MARIA	HADRIC	at (305_	450	386	<u> </u>	
Name of F	erson	Area Ct	ide & Daytille Te	ерионе матьет		
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		Certified	te of Status &	:d)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2013 FEB 25 AM II: 46

ICON STORES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $02/24/2010$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE FLORIDA. 33304
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FLORIDA. 33304
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: JOHN	MADRIC 1714 AVE
New Registered Office Address: 711 NE	Enter Florida street address
	Emer Prorida street address

## 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 608, 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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
VP,T	MARIA A. HADI	21 <u>i</u>	Add
		1330 WEST AVE, # 814	Remove
		1330 WEST AVE, # 914 MIAMI BEACH. FL. 331	<u>3</u> 9
			Add
			Remove
			Add
			Remove
			_
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			Remove
			<del>-</del>

Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  21VISION OF COR	.D 0F 51
_	2013 FEB 25 A	0°08) <b>\M</b> []:
-		
- ed	02/20/2013.	
	Signature of a member or authorized representative of a member	-
	MARIA. A. MADRIC  Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00