

L10000081520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

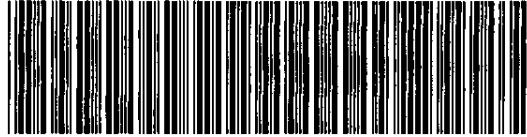
Special Instructions to Filing Officer:

**A. LUNT**

MAY 27 2010

**EXAMINER**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 MAY 26 PM 2:48

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICONICS SOLUTIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHET MICHAEL  
Name of Person

Firm/Company

4102 W. Bay Court Avenue  
Address

Tampa, FL 33611-1202  
City/State and Zip Code

chet.michael@iconicsolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya Brown at (813) 251-3005  
Name of Person Area Code & Daytime Telephone Number

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 is enclosed)    ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED  
2011 MAY 26 PM 2:43  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

The Articles of Organization for this Limited Liability Company were filed on Aug. 4, 2010 and assigned  
Florida document number L10000081520

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

4102 W. Bay Court Ave.  
Tampa, FL 33611-1202

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

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Chet Michael

New Registered Office Address:

4102 W. Bay Court Ave.

*Enter Florida street address*

Tampa  
City

Florida

33611-1202  
Zip Code

**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.*

Chet Michael  
**If Changing Registered Agent, Signature of New Registered Agent**

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> | <u>Name</u>  | <u>Address</u>                                | <u>Type of Action</u>                                                      |
|--------------|--------------|-----------------------------------------------|----------------------------------------------------------------------------|
| MGR          | S.M. Brown   | 832 S. Davis Blvd<br>Tampa, FL 33606          | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Chet Michael | 4102 W. Bay Court Ave<br>Tampa, FL 33611-1202 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |              |                                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 18, 2011

S.M. Brown  
Signature of a member or authorized representative of a member

Sonya Brown  
Typed or printed name of signee