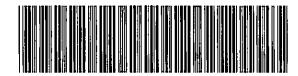
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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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September 5, 2017

TY CHRISTOPHER STINNETT 2403 S FLORIDA AVE LAKELAND, FL 33803

SUBJECT: TY GLOBAL ENTERPRISES LLC

Ref. Number: L13000059276

We have received your document for TY GLOBAL ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00018297

Yasemin Y Sulker Regulatory Specialist II

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TY GLOBAL ENTERPRISES LLC

(Name of the Lin	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Florida document number <u>L13000059276</u>		ny were filed on <u>04/23/2013</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name ICONIC Lakeland LLC			
The new name must be distinguishable and contain the	words "Limited Lic		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<u>.                                    </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	N/A		<u> </u>
		Enter Florida street address	49
		Florida	•
		Cav	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			Add
			□ Remove
			Change
			Add
			☐ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00