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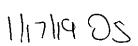
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor				
Iconi	c Realty, LLC			
SUBJECT:	Nemě of Lie	and Control of		
	Marine of Th	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
	ondence concerning this matter			
	menee codesting machinette	to the following:		
	Henry Wintz			
		Name of Person	· · ·	
	Iconic Realty, LLC		•	;
	<del></del>	77. 179	• •	:
	6950 Cypress Road, #1	Firm/Company		
	oddo Gypress Noad, # !	01	•	-
	<del></del>	Address		
	Plantation FL 33317	•		· :
				•
	hwintz@iconicrealtyllc.co	City/State and Zip Code m		۵
	E-mail address: (	to be used for future annual report notific	ation)	
For further information co	oncerning this matter, please c	ail:	r	
		<del></del> .	1	
Henry Wintz		954 336-4163		
Name of	Person		Telephone Number	
Enclosed is a check for the	e following amount			
☐ \$25.00 Filing Fee	$\mathcal{T}_{\mathbf{k}}$	_		
2 \$25.00 FAMILY FEE	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee,	
	(, ···· <del></del>	(additional copy is enclosed)	Certificate of Status & Certified Copy:	
			(additional copy is enclosed)	
МАП В	NG ADDRESS:			
Registra	tion Section	STREET/COURIE  Registration Section	R ADDRESS:	
Division P.O. Box	of Corporations	Division of Corporati	ons	
	see, FL 32314	Clifton Building 2661 Executive Cent	er Circle	
			- name of the	

Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iconic Realty, LLC			
(Name of the Line	ted Liability Comp	pany as it now somears or Liability Company)	OHI Fecords,)
			•
The Articles of Organization for this Limited	iability Compan	y were filed on 5.16.2	014
Florida document number L14000080067		<del> </del>	and assigned
This amendment is submitted to amend the for	owing:		
A. If amending name, enter the new name h	f the limited Hal	sility company house	
	- may managed had	micy company nere:	•
The new name must be distinguishable and contain the	VOIds "Limited Link	ility Company " shad	
Enter now principal acc			
Enter new principal offices address, if applic		6950 Cypress Ros	d, #107, Plantation, FL 33317
(Principal office address MUST BE A STREET	T ADDRESS)	·	
			2.7
	•		15
Enter new mailing address, if applicable:		6950 Cypress Roe	d. #107, Plantation, FL 33317
(Mailing address MAY BE A POST OFFICE)	BOX)		
<b>.</b>	: .		:
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	ffice address on our	records, enter the name of the ne
The state of the new leavest of the	Dice address her	<b>E:</b>	
Name of New Registered Agent:	Henry Wintz, E	Esa.	
		<del></del>	
New Registered Office Address:	6950 Cypress		
	Plantation	Enter Florida st	rect address
	rianauon	Ga.	, Florida 33317
New Registered Agent's Signature if changing R	existered Ament.	City	Ztp Code
I hereby accept the appointment as registed	Zame - I		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete i	e to act in this capai performance of my	ity. I further agree to comply with the
accept the obligations of my position as resisted being filed to merely reflect a change in this re-	tered agent as p	rovided for in Chapt	er 605. F.S. Or. if this document is
being filed to merely reflect a change in the re company has been notified in writing of this c	egistered office o hange	address, I hereby co	nfirm that the limited liability
2	· weeks		:
•		I	·

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>	Name	<u>Address</u>	Type of Action
M	Henry Wintz	6950 Cypress Road, #107, Plantation, FL 33317	<del> </del>
	11.		Add
	,		Remove
			Change
M	Cheryl-Dene Spring	7900 Nova Drive	<b></b>
		Suite 205, Davie FL 33324	
			■ Remove
			Cl Change
			□ Add
			□ Remove
	•		Change
	<del></del>		
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ctive date, if other effective date is list If the date inse ment's effective	her than the date ed, the date must be a sated in this block d date on the Depart	9.18.18  of filing: pecific and cannot be prior to date of filing or more oes not meet the applicable stanutory filing ment of State's records.	(optional) re than 90 days after filing.) Pursuant to 603 requirements, this date will not be list
ecord specifie		ective data but not as effective the	
4.18.1		1. Sax	·,
	Signa	ture of a member of numberized representative of	i a member

Page 3 of 3

Filing Fee: \$25.00