LI400089150

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
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<u></u>	ocument Number)	
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2016 MAR TO P 5: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2016 O.BRUCE

COVER LETTER

TO: Registration Sec Division of Corp		"	
SUBJECT:	ICKY LLO	_	
	Name of Lim	ited Liability Company	,
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Jay</u>	Name of Person	
	Ich	CY LLC Firm/Company	
	1 0565	Miani Lakeway Address	2
		City/State and Zip Code	
	E-mail address: (een partners equation be used for future annual report notific	nail.com
For further information co	oncerning this matter, please c	all:	
Name of	<u>Negrin</u> Person	at (305) 807 Area Code Daytime	- 2610 Telephone Number
Enclosed is a check for the	e following amount:		2016 NA SECRE
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certificate of Status & Certificate opy (additional copy is unclosed)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

TO ARTICLES OF ORGANIZATION OF

ICKY LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1400089150</u> .	ere filed on 6-3-14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida:	2
New Registered Agent's Signature, if changing Registered Agent:	<i>.</i>	esp cour
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam. ovided for in Chapter 605, F.S. Or, if the	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Baywood Nguyen	17975 NW 74th Path	X (Add
		Miani Lakes, FL 33015	D Remove
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Note:	ctive date, if other than the date of filing:	0207 (3)(b i as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies e 90 th day after the record is filed.	r of:
Dated	1 March 4, 2016.	
	Signature of a member or authorized representative of a member	
	Jevel Negrin Typed or printed hame of signce	

Page 3 of 3

Filing Fee: \$25.00