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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LD Icon 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:
Greg Herskovitz Esq. Name of Person
The Herskowste Low Firm
9100 S. Dadeland Blvd #908
Miami, FC 33156  City/State and Zip Code
City/State and Zip Code  Greg O HUFMiami. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gree Hers Kow 12 at (305) 423-12-58  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1D Jeon UC
(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
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 contain 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)
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:
New Registered Office Address:
Enter Florida 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 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 flability company has been notified in writing of this change.

Page 1 of 3

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
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AMBR	Gounday Drassa	44 W. Plagler Street, 1	4 2300 MAR
		Miami, FL 33130	✓ Kemove
	_		Change
AMBR	Lassana Diarra	44 W. Playler Street	# 2300 # Add
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Dated 2 March . 2016.  X Signature of a member or authorized representative of a member.	Typed or printed name of aignee	富。
Dated 2 March . 2016  X Signature of a member or authorized representative of a member   Lassana Diarra  Typed or printed parts of signes	如我的说话,说话,说话,也不是一个人的话,我们就是一个人的话,他们就是一个人的话,我们就是一个人的话,我们就是一个人的话,他们不能会	
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