

L17000040685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

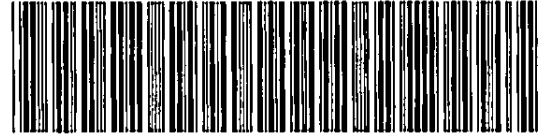
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
JUL 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICONO TV 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:

ARAGON SOLANO , KALEB
Name of Person

ICONO TV LLC
Firm/Company

10580 N.W. 27TH STREET, SUITE K7
Address

DORAL FLORIDA 33172
City/State and Zip Code

gomezniurka@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KALEB, ARAGON SOLANO 786 352-4115
Name of Person at () 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

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

ICONO TV LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 02/21/2017 and signed

Florida document number L17000040685

This amendment is submitted to amend the following:

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

N/A

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: 10580 N.W. 27TH STREET
(Principal office address MUST BE A STREET ADDRESS) SUITE K7
DORAL FLORIDA, 33172

Enter new mailing address, if applicable: 10580 N.W. 27TH STREET
(Mailing address MAY BE A POST OFFICE BOX) SUITE K7
DORAL FLORIDA 33172

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: KALEB ARAGON SOLANO

New Registered Office Address: 10580 N.W. 27TH STREET, SUITE K7
Enter Florida street address

DORAL, Florida 33172
City 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.

Kaleb Aragon S.
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>	<u>Address</u>	<u>Type of Action</u>
MGR	PINEYRO, RAFAEL	8269 N.W. 64TH STREET	<input type="checkbox"/> Add
		MIAMI FLORIDA 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARAGON SOLANO, KALEB	10580 N.W. 27TH STREET	<input type="checkbox"/> Add
		SUITE K7	<input type="checkbox"/> Remove
		DORAL FL 33172	<input checked="" type="checkbox"/> Change
AMBR	NIURKA GOMEZ	10580 N.W. 27TH STREET	<input checked="" type="checkbox"/> Add
		SUITE K7	<input type="checkbox"/> Remove
		DORAL FLORIDA 33172	<input type="checkbox"/> Change
AMBR	JOSE MANUEL CAÑAS	10580 N.W. 27TH STREET	<input checked="" type="checkbox"/> Add
		SUITE K7	<input type="checkbox"/> Remove
		DORAL FLORIDA 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

Multiple horizontal lines for amending information, all of which are crossed out with a diagonal line.

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E. Effective date, if other than the date of filing: JUNE, 23, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE, 23RD 2017

Kaleb Aragon S.

Signature of a member or authorized representative of a member

KALEB ARAGON SOLANO

Typed or printed name of signee