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Division of Corporations

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From:

Account Name : VDT CORPORATE SERVICES

Account Number : I20180000047 Phone : (305)878-1516 Fax Number : (786)542-5995

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICON FAMILY HOLDINGS LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

ICON F SUBJECT:	AMILY HOLDINGS LLC		
30BJEC1:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	70.00
Please return all corre	spondence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	• :
	VDT CORPORATE SERV	/ICES LLC	野田
	47 - W	Firm/Company	~~
	150 SE 2ND AVE SUITE	905	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	NANDRADE@SAINTJOS		
	E-mail address: (to be used for future annual report n	OBTICATION)
For further information	on concerning this matter, please co	all:	
JOAO PEDRO VOL	Z	305 5039867	
Nar	ne of Person	Area Code Days	time Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICON FAMILY HOLDINGS LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	2 r)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000074138</u> .	were filed on 04/04/2017	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	150 SE 2ND AVE SUITE 906				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL				
	33131				
Enter new mailing address, if applicable:	150 SE 2ND AVE SUITE 906				
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL				
(17 Married Management 1997)	33131				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter	the name of the new registered			
New Registered Office Address.	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent					
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is			
If Ch	anging Registered Agent, Signature	of New Registered Agent			

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Guilherme Cavalcante Ribeiro	150 SE 2ND AVE SUITE 906	
		MIAMI, FL	□Remove
		33131	
			🖸 Add
			Remove
			Change
			□Add
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cord specifies a s filed.	ı delayed effective da	ste, but not	an effective	time, at 12	::01 a.m. or	the earlier	of: (b)	The 90th	day after
SEPTEMB	ER 3rd		, 2021	-	7)				
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