L17000112010

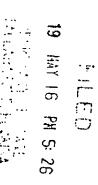
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Auto Iconica	ı LLC		
Job Jile I.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jason Robert Halliden		
			Name of Person	
		Auto Iconica LLC		
			Firm/Company	
		81 nw 24th St		
			Address	
		Miami, FL 33127		
		<u> </u>	City/State and Zip Code	
		jay@majcstik.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Jason R hall	iden		305 6478981	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

TO:

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

Auto Iconica LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/22/2017 and assigned
Florida document number L17000112010	
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 I	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	<u> </u>
	1. 2 1 連門 - 44.4
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	·······································
	고 그
	<u>र्जु</u> े क
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	
Name of New Registered Agent:	
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 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.

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>	Type of Action
MGR	John Aaron Gluck	2830 Devonwood Ave, Miramar, FL 33025	
			Remove
			Change
			Add
			☐ Remove
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ctive date, if other than the effective date is listed, the date must list the date inserted in this burnent's effective date on the D	ist be specific and cannot be prior block does not meet the applic	able statutory filing re	(optional than 90 days after filing equirements, this date	g.) Pursuant to 605.0207
ecord specifies a delayed ne 90th day after the rec	d effective date, but no cord is filed.	t an effective tim	e, at 12:01 a.m.	on the c arlier o
d <u>May 9th</u>	2019	/		
		- /		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00