217000200731

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S. WARREN JAN 0 4 2018

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	Iconic Capi	tal Empire, PLLC	•		
	<u> </u>	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
	4	Joey M. McCall	w ne www.		
			Name of Person		
			Firm/Company		
		One Alhambra Plaza; Pent			
		Coral Gables, FL 33134	Address		
		Joey@McCallAtten.com	City/State and Zip Coc	le	
		E-mail address: (to be used for future annu	al report notifica	tion)
For furt	ner information co	oncerning this matter, please ca	all:		
Joey M.	McCall		786	808-94	100 elephone Number
	Name of	f Person	Area Code	Daytime Te	elephone Number
Enclose	d is a check for th	e following amount:			
■ \$25	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is c		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	ING ADDRESS:	STRE	ET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Iconic Capital Empire, PLLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000200731</u> ,	any were filed on 9/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
nner Circle Empire, PLLC	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No Change
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	No Change
Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: No Change	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
iew Registered Agent's Signature, if changing Registered Agen	<u>ut:</u>
baraby account the appointment as assistant description of a	
rovisions of all statutes relative to the proper and comple	s provided for in Chapter 605, F.S. Or, if this document is
rovisions of all statutes relative to the proper and comple ceept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	te performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is ce address, I hereby confirm that the limited liability

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			
			□ Remove
			Change
N/A —-			
			Remove
			Change
N/A			Add
N/A ———			
			Remove
			Change
N/A ———			
			Remove
N/A			DiChange
			□ Change

Change is limited soley to Er	ntity Name to be changed to:	Inner Circle Empire. P	LLC	
<u> </u>				
				
				
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			<u></u>	
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ective date, if other than the reffective date is listed, the date must te: If the date inserted in this blownent's effective date on the December of the process of the specifies a delayed the 90th day after the rec	st be specific and cannot be prior ock does not meet the applic bepartment of State's records.	to date of filing or more that the statutory filing required	uirements, this date wil	I not be listed
	2017			
October 11th, ed	2017			
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ed	for the	wized representative of a	member	18 JAN -2
ed October 11th. Joey M. McCall	Agnature of a member or author		member 3	18 JAN -2 PH
ed	Agnature of a member or author	orized representative of a	member 1	JAN-2

Filing Fee: \$25.00