## L20000070105

(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1)	Document Number)	
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Amend

MAY 1 9 ZOZU

I ALBRITTON

SUBJECT: ICON BAI	RBER SHOP LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	wittie F Salazar	Name of Person		
	Icon Barber Shop LLC	7' 10		
		Firm/Company		
	4320 NW 171 Street			
		Address		
	Miami Gardens FL. 330.	55		
		City/State and Zip Code		
	ICONBARBERSHOPI@GMAIL	LCOM		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information o	oncerning this matter, please c	all:		
WILLIEF SALAZAR		at (305 733-5426		
Name of	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne 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 Addres	<del></del>	Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of T	-	
Tallahassee, I			e Street, Suite 810	
		Tallahassee, FL	. 32303	

TO:

Registration Section Division of Corporations

## IU ARTICLES OF ORGANIZATION **OF**

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ARTICLES	OF ORGANIZATION	B 1
	OF	The San State of the Sa
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
ICON BARBER SHOP LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability Conference I.20000070105	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	PF\$\$)	
Trincipal Office dadress proof DE ABINELLI ADDIN		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
	***************************************	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
	FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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

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 	 _			_	 	

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIE F SALAZAR	4320 NW 171 STREET MIAMI GARDENS FL 33055	<b>=</b> Add
			□Remove
		<del></del>	□Change
AMBR	GUILLERMO SALAZAR	4320 NW 171 Street Miami FL 33055	■Add
			□Remove
			□Change
		4125··	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
<del></del>			□Add
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			□Change
			□Add
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			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_O3/03/2020 Signature of a member or authorized representative of a member WILLIE F SALAZAR

Typed or printed name of signee