K21000354361

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22 APR | 4 PH 12: 43

T. MATTHEWS MAY - 9 2022

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ICONIC (CLASSIC CARS	LLC	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #13	20	
		Address		
		Houston, TX 77046		
		City/State and Zip Code		
	Se E-mail address: (ales@ashleyphenry.	com	
For further information of	concerning this matter, please c			
Sonia B	secer r a	at (<u>877</u> Area Code	777-0450	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
Mailing Addres Registration		<u>Street Ad</u> Registra	dress: tion Section	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION 22 APR 14 PM 12: 43

	ONIC CLASSIC CARS LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on and assigned and assigned
Florida document numberL21000358361	·
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
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>	Name	Address	Type of Action
AMBR	ANDRAS SUMEGI	9800 N OAK KNOLL CIR	□Add
		DAVIE, FL 33324	-XRemove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			🗀 A dd
			Change
			□Add
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			□Change
			□Add
			□Remove

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Dated Mark 29th 2022 X July Fuling Signature of a member or authorized representative of a member	record s	
X / Signature of a member or authorized representative of a member	Dated	March 29th 2022
Signature of a instruction authorized representative of a member	X	fightly Fuling
n .		Signature of a inferior or authorized representative of a member

Filing Fee: \$25.00