

L22000429786

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000321607 3)))



H230003216073ABCY

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : I20220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

****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
ICITY STORE LLC**

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Help

K. SALY

SEP 15 2023



September 14, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ICITY STORE LLC
420 NE 176TH ST
NORTH MIAMI BEACH, FL 33162

SUBJECT: ICITY STORE LLC
REF: L22000429786

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are you wanting to do with Gabriela & Yunio?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H23000321607
Letter Number: 423A00021220

H230003216073

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ICITY STORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000429786

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GABRIELA A TORRES

New Registered Office Address:

10465 W 33RD WAY

Enter Florida street address

HIALEAH,

Florida

33018

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

Title	Name	Address	Type of Action
MGR	GABRIELA A TORRES	10465 W 33RD WAY	<input checked="" type="checkbox"/> Add
		HALEAH, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YUNIO MOY RUAN	420 NE 176TH ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILE

FILED
SEP 15 1964
FBI - ALBANY

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Typed or printed name of signee