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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Southern Iconz, It	ıc.	
DOCUMENT NUMB	ER: P11000019892		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	·
		Jessica Macario	
	N	ame of Contact Person	
		Southern Iconz, Inc.	
		Firm/ Company	
	10	56 NW 164th Avenue	
	······································	Address	
	Domi	broke Pines, Florida 3302	2
		ity/ State and Zip Code	· ·
	South	ernIconz.inc@gmail.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Jess	ica Macario	at (<u>954</u>) 328-9504
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	idment Section		ment Section
	ion of Corporations Box 6327		n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Southern Iconz	Inc. AHA COLOC
(Name of Corporation as currently filed with the	Florida Dept. of State)
P1100001989	2
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corpame must contain the word "chartered," "professional association	"," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1056 NW 164th Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pembroke Pines Florida 33028
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1056 NW 164th Avenue
	Pembroke Pines Florida 33028
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent: Jessica Macario	
1056 NW 164th Avenue (Florida st	treet address)
New Registered Office Address: Pembroke Pines (City	, Florida 33028 (Zip Code)
	· · · · · · · · · · · · · · · · · · ·

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agenty I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

Title(s)	,	Name		Address
1) <u>T,S</u>		Jessica Macario		Pembroke Pines Florida 33028
2) P,D		Pier A Macario		1056 NW 164th Avenue Pembroke Pines Florida 33028
3) <u>D</u>		Jessica Macarjo		1056 NW 164th Avenue Pembroke Pines Florida 33028
4)				
5)		, , , , , , , , , , , , , , , , , , , 		
6)		·		
<u>if REMOVI</u>	NG an office	er and/or director, please lis	st the title(s) and	d name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	Name
1)			4)	
2)			5)	
3)			6)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	

	for an exchange, reclassification, or cancellation of issued shares, ag the amendment if not contained in the amendment itself:
(if not applicable, indica	
√A	
	
	11 0 . 11
he date of each amendment(s)	adoption:
ffeative date if applicable	
ilective date il applicable:	(no more than 90 days after amendment file date)
	(
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were	adopted by the shareholders. The number of votes cast for the amendment(s)
by the shareholders was/were	
,	
	approved by the shareholders through voting groups. The following statement
must be separately provided j	for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
	• • • • • • • • • • • • • • • • • • • •
by	(voting group)
	(voting group)
The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder
action was not required.	mopiles by the court of theories without of the state of
	adopted by the incorporators without shareholder action and shareholder
action was not required.	
	-
Dated	11/30/2011
Signature	
(By a	director, prosident or other officer – if directors or officers have not been ded, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
арро	interior of the housing,
	Jessica Macario
	(Typed or printed name of person signing)
	(-1/k
	Vice President; Treasurer; Director
	(Title of person signing)
	/ or haran acommo)