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COVER LETTER '

Division of Co	rporations		
ILION LLO	c		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL LAPPAS		
		Name of Person	
	2245 CIMARRON TERR	Firm/Company ACE	<u> </u>
	PAŁM HARBOR FL 3468	Address 33	
	CLAPPAS59@YAHOO.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ea	all:	
MICHAEL LAPPAS		727 798-4035 at ()	
Name o	f Person	Area Code Daytim	e 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILION LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Co	Articles of Organization for this Limited Liability Company were filed on 08/29/2018 da document number LISOCO 267.55.2.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
		_ ≥ 17
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	GZZ
		lorida
	City	Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL LAPPAS	2245 CIMARRON TERRACE PALM HARBOR FL 34683	≣ Add
			B A00
			☐ Remove
			Change
			Add
			□ Remove
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effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the application.	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not he 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier
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	orized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00