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ACCEPTED 18 2015

COVER LETTER

TO: Registration Sect Division of Corpo		
Ikon Realt	ty, LLC	
SUBJECT:	Name of Limited Liability Company	
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following:	
	Dmitry V Mikhaylov	
	Name of Person	
	Ikon Realty, LLC	
	Firm/Company	
	231 Southern Rose Dr.	
	Address	
	Jacksonville, FL 32225	
	City/State and Zip Code	
	Dmitry@IkonRealtyLLC.com E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Dmitry V Mikhaylov	at (
Name of I	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

Ikon Realty, LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Jability Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited L Florida document number L11000035665	iability Company	were filed on 02/10/2	2015	and assig	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end with the	words "Limited Liab	ility Company." the designo	ation "LEC" or the abl	previation "L.I	C."
Enter new principal offices address, if applic	cable:	231 Southern Ro	se Dr.		
(Principal office address MUST BE A STREE		Jacksonville, FL	32225		
					· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		231 Southern Ro	ese Dr.		
(Mailing address MAY BE A POST OFFICE	BOX)	Jacksonville, FL	32225		
B. If amending the registered agent and registered agent and/or the new registered o			records, enter 11	he name of	f the new
	231 Southe	rn Rose Dr	****	70 77 TH	••
New Registered Office Address:	201 000110	Enter Florida stre	ret address - Q		
	Jacksonville	Э	, Florida <u>322</u>	일일 ~ 225	in the same
	Middle and a second a second and a second and a second and a second and a second an	City	70	1 Zip Code	g desires,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr oer and complete istered agent as p registered office	ee to act in this capac performance of my di provided for in Chapto	uties, and I am fai er 605, F.S. Or, if ifirm that the limi	miliar with fthis docum	and ient is
	If Char	nging Registered Agent, <u>Si</u>		stered Agent	

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGRM JOHNSON, NED P.O. BOX 47 □ Add Middelburg, FL 32050 ■ Remove MGRM FLEURY, GIOVANNI 4100 SW 194th Terr Add Add Miramar, FL 33029 ☐ Remove _□ Add _□ Remove _□ Add 15 □ Remove __ 🗆 Add _____

Remove

t afficienting any other sittormation, en	ter change(s) nere: (Anach daamonai sheeis, ij necessary.)
And the second desiration of the second desira	
Effective date, if other than the date of The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep	filing:
Dated February 10	2015
Diffeet	
Signatur	e of a member or authorized representative of a member
DMITRY V Mikhaylov	·
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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