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TALLAHASSEE, FLORIDA

2015 FEB 18 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ikon Realty, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 concerning this matter, please call:

Dmitry V Mikhaylov

904

945-1691

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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

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32225 Zip Code

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHNSON, NED	P.O. BOX 47	<input type="checkbox"/> Add
		Middelburg, FL 32050	<input checked="" type="checkbox"/> Remove
MGRM	FLEURY, GIOVANNI	4100 SW 194th Terr	<input checked="" type="checkbox"/> Add
		Miramar, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MIRAMAR, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 10, 2015



Signature of a member or authorized representative of a member

DMITRY V Mikhaylov

Typed or printed name of signee

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Filing Fee: \$25.00

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA