

L15000 171172

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

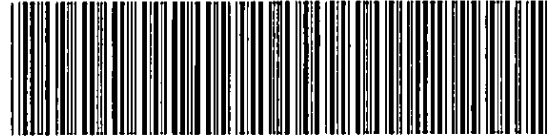
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Maria Yesenia Rivera
gave permission to
Correct the document.

DC
06/30/23

Office Use Only



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2023 JUN 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C & Amend

06/30/23

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2023

MARIA YESENIA RIVERA
IACONA LAW
1730 MAIN ST., SUITE 206
WESTON, FL 33326

SUBJECT: IACONA LAW, LLC
Ref. Number: L15000171172

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED AMENDMENT FORM AND RETURN FOR PROCESSING.

We are enclosing the proper form(s) with instructions for your convenience.

The specific purpose of the entity must be set forth in the document.

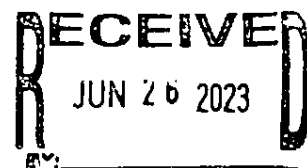
The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 323A00013183



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IACONA LAW 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:

MARIA YESENA RIVERA
Name of Person

IACONA LAW
Firm/Company

1700 MAIN ST SUITE 200
Address

WESTON, FL 33326
City/State and Zip Code

yesenia@iaconlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YESENA RIVERA at (786) 3662632
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

IACOVA LAW, 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 10/08/2015 and assigned Florida document number 4500017172

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IACOVA LAW PLLC

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)

1730 MAIN ST SUITE 200

WESTON FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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2015 JUN 30 PM 11
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TALLAHASSEE, FLORIDA

[illegible]

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

The Specific purpose is:

The Practice of Law.

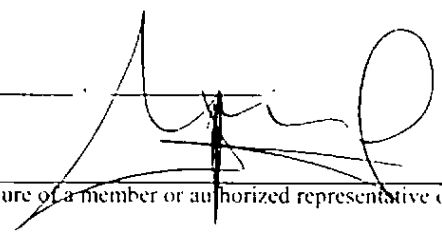
E. Effective date, if other than the date of filing: 06/15/2023 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/20/2023


Signature of a member or authorized representative of a member

MARIA YESSENIA RIVERA

Typed or printed name of signee