

L18 000 113397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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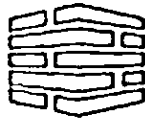
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2022 FEB -3 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

FEB 17 2022



## BRICK BUSINESS LAW, P.A.

FLORIDA LITIGATION AND COUNSEL

Kevin G Brick, Esq.\*  
John S. Koda, Esq.  
Joseph Kennett, Esq.

Jocelyn C. Smith, Esq.  
Scott W. Miller, Esq.  
Krishna Vasudevan, Esq.

\*B.C.S. Business Litigation

**Main Office Address:**  
Brick Business Law, PA  
3413 W Fletcher Ave  
Tampa, FL 33618

**Website:**  
[BrickBusinessLaw.com](http://BrickBusinessLaw.com)

**Phone Numbers:**  
813-816-1816 (o)  
813-200-1032 (f)

**Email:**  
Danielle.Peynado  
@BrickBusinessLaw.com

January 31, 2022

**VIA PRIORITY MAIL:**

**9405 5036 9930 0149 4287 64**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: APEX TRAINING AND COACHING LIMITED  
LIABILITY COMPANY - L18000113397 - Change of Name  
Filing to IONA VENTURES LLC**

Dear Sir/Madam:

Please find enclosed a copy of the following documents in connection with the aforementioned:

- Cover Letter to Articles of Amendment;
- Articles of Amendment in connection with the change of Name of Apex Training And Coaching Limited Liability Company to IONA Ventures LLC;
- Check #517 in the amount of \$25.00.

We would be grateful if you could process the enclosed Change of Name Request. Should you have any questions or need anything else in the meantime, please contact me via email at [danielle.peynado@brickbusinesslaw.com](mailto:danielle.peynado@brickbusinesslaw.com) or by phone at 813-816-1816.

Sincerely,

Danielle Peynado  
Paralegal

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** APEX TRAINING AND COACHING LIMITED LIABILITY COMPANY  
\_\_\_\_\_  
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:

DANIELLE PEYNADO

\_\_\_\_\_  
Name of Person

BRICK BUSINESS LAW, P.A.

\_\_\_\_\_  
Firm/Company

3413 W. FLETCHER AVE

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33618

\_\_\_\_\_  
City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE PEYNADO

813 816-1816  
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 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**

**FILED**

APEX TRAINING AND COACHING LIMITED LIABILITY COMPANY 2022 FEB -3 PM 4: 08

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned  
Florida document number L18000113397.

This amendment is submitted to amend the following:

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

Iona Ventures LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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**



[illegible]

(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)

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.

JANUARY 26<sup>TH</sup> 2022  
 Signature of a member of authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**