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## **COVER LETTER**

ION SUBJECT:	A PROP	ERTY GROUP LLC				
		Name of Limi	ited Liability Company			
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all co	orrespon	dence concerning this matter	to the following:			
		GLENN JUMAN				
			Name of Person			
		IONA PROPERTY GROU	JP LLC			
			Firm/Company			
	405 South Dale Mabry Hwy, Suite 305					
	Address					
		Tampa / Florida 33609				
			City/State and Zip Code			
		PropertyGroupIona@gmail.				
		E-mail address: (t	to be used for future annual report notifi	cation)		
For further inform	ation cor	occrning this matter, please ca	all:			
GLENN JUMAN			571 277-5276			
	Name of I	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a chec	k 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

´TO:

Registration Section Division of Corporations

> 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

(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited L. Florida document number L18000186425	iability Company	were filed on 08/03/2018	<u> </u>	and assigned	
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:			
IONA PROPERTY GROUP LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applic	rable:	405 South Dale Mabry Hwy			
(Principal office address MUST BE A STREET ADDRESS)		Suite 305			
	Tampa, Florida 33609				
Enter new mailing address, if applicable:		405 South Dale Mabry F	Hwy	<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 305			
	<u>_</u>	Tampa, Florida 33609			
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>ent</u>	er the name of th	
<del></del>	405 County Don't	Mahmi Huni Suita 205		<del></del>	
New Registered Office Address: 405 South		: Mabry Hwy, Suite 305  Enter Florida street	address		
	Tampa		, Florida	33609	

## New Registered Agent's Signature, it 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 forthar the accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, I have definent is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liastity 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>	Address	Type of Action
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			□ Remove
			□ Change
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(If an effecti Note: If	ive date is listed, the dathe date inserted in the date on	te must be specif his block does	ic and cannot b not meet the	applicable:	e of filing or i statutory fili	nore than 90 c ng requireme	lays after t	iling.) Pur	suant to not be	605.0207 (3 listed as th
	rd specifies a de Oth day after the			ut not an	effective	time, at 1	2:01 a	.m. on	the ea	rlier of:
Dated A	agust 24	7 1	2018							
		Signature	of a member of	or authorized	representativ	e of a membe	r		<del></del>	-
					•					
	GLENN JUMAN									

Page 3 of 3

Filing Fee: \$25.00